

Lancashire County Council

# Ribble Valley 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: Ribble Valley Short Break Service provides care, support and accommodation, on a short-term basis for up to six people with a learning disability and or autism. Four people were using the service. The size of service meets current best practice guidance. This promotes people living in a small domestic style property to enable them to have the opportunity of living a full life.

People's experience of using this service: We observed people were relaxed and content in the company of staff and managers. Relatives told us they felt people were safe at the service. Staff had received training on positively responding to people's behaviours and safeguarding and protection matters. Staff were aware of the signs and indicators of abuse and they knew what to do if they had any concerns.

Processes were in place to make sure all appropriate checks were carried out before staff started working at the service. There were enough staff available to provide care and support; staffing arrangements were kept under review.

Arrangements were in place to promote the safety of the premises, this included maintenance, servicing and checking systems. There was a good standard of décor and furnishings to provide for people's individual needs, comfort and wellbeing.

Staff followed some good processes to manage people's medicines safely. Some improvements were needed with safe storage of medicines, the registered manager acted on this.

People's needs were assessed, planned for and reviewed. Each person had a support plan which was designed to meet their needs and choices. People were supported with their health and well-being. Where necessary, people received appropriate medical attention.

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 at the service supported this practice. People had opportunity to develop their independence skills.

People and their relatives made positive comments about the caring attitude of staff. We observed staff interacting with people in a kind, pleasant and friendly manner. Staff knew people well and were respectful of their choices and preferred routines. People's privacy and dignity was respected.

There were opportunities for people to engage in a wide range of community and in-house activities. People were supported to keep in touch with their families. Relatives said they were made welcome at the service.

People were offered a variety of meals and drinks; healthy eating was promoted and monitored. Individual needs and choices were known and catered for.

Relatives had an awareness of the service's complaints procedure and processes and were confident in raising concerns. Some complaints records were unclear and didn't properly show how they were investigated and managed. The registered manager confirmed to us, action had been taken to make improvements.

The provider had arrangements to encourage people to express their views and be consulted about Ribble Valley Short Break Service. They had opportunities to give feedback on their experience of the service and make suggestions for improvements.

The provider used a variety of systems, to regularly monitor and improve the service.

Management and leadership arrangements supported the effective day to day running of the service.  
Rating at last inspection: Good (published 29 October 2016)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will plan a follow up inspection as per our inspection programme. We will continue to monitor the service and if we receive any concerning information we may bring the inspection forward.

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

## 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.

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service was exceptionally responsive.

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our Well-Led findings below.

**Good** ●

# Ribble Valley 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. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Ribble Valley 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 the service 48 hours' notice of the inspection visit because it is small and people are often out, and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service from the provider since the last inspection, such as safeguarding incidents. We sought feedback from the local authority and professionals who work with the service.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service about their experience of the care and support provided. We spoke with five members of staff including the registered manager, assistant manager, support workers and the business support officer.

After the inspection

We continued to seek clarification from the provider to corroborate evidence found. We received confirmation of improved controlled drugs storage and complaints management processes.

# 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.

Systems and processes to safeguard people from the risk of abuse

- Safeguards were in place to protect people from abuse, neglect and discrimination. We observed people were relaxed and content in the company of staff and managers. Staff supported people safely and respected their individual needs. One person told us, "The staff are nice to me." Relatives said the service was safe and they had confidence in the staff team. They said, "I trust the staff" and "He really feels safe there. If he wasn't happy we would know."
- Staff were aware of safeguarding and protection matters. They described what action they would take if they witnessed or suspected any abusive practice.
- Staff had received training on adults at risk and positively supporting people's behaviours. The admission policy considered the people's vulnerability and behaviours.
- The local authority's protocols to safeguard adults at risk, including reporting procedures and contact details were prominently displayed.

Assessing risk, safety monitoring and management

- People's individual wellbeing and safety was risk assessed and support plans guided staff on minimising risks in a person-centred way. Staff were aware of people's individual risk assessments. They described how they kept people safe and supported positive risk taking.
- Processes were in place to maintain a safe environment for people, visitors and staff. The provider had arrangements to check and maintain the service, fittings and equipment. Including gas safety, electrical wiring and fire extinguishers. Fire drills and fire equipment tests had been carried out. The provider had contingency plans in the event of failures of utility services and equipment.
- People's personal information and staff records were stored securely, they were only accessible to authorised staff.

Staffing and recruitment

- Staff recruitment procedures continued to protect people who used the service. There were disciplinary procedures to manage unsafe and ineffective staff conduct.
- There were sufficient numbers of staff to support people to stay safe and meet their needs.
- Staff spoken with said the staffing ratios were good and enabled them to provide safe, effective care.
- The register manager explained, and rotas showed, staff were deployed in response to the numbers and needs of the people accommodated.

Using medicines safely

- People were supported with the proper and safe use of medicines. Staff providing support with medicines had completed training. Their competence had been assessed. Medicine management policies, procedures

and recognised guidance was available.

- Clear and accurate medicines management records were kept. Regular audits of medicine management practices were completed. This including checking people's medicines when entering and leaving the service.
- Safe, clean and secure medicine storage was provided. There was a lack of suitable storage for controlled drugs, which are medicines requiring more rigorous protocols. Following the inspection, we received confirmation action had been taken to make improvements.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- All the areas we saw were clean and hygienic. Suitable laundry facilities were provided, and separate slings were used on mobility hoists. There were cleaning staff and checking systems to maintain hygiene standards.
- Staff used personal protective equipment, including disposable gloves and aprons. They had accessed training on infection control and food hygiene.

Learning lessons when things go wrong

- Processes were in place to monitor incidents, share outcomes and develop the service, to help prevent similar incidents and reduce risks to people.
- The registered manager and staff fulfilled their responsibility to report and record, accidents and incidents.



## 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.

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

- The provider had processes to ensure people's needs were assessed with their involvement. Careful consideration was given to people's compatibility with others to be accommodated.
- Initial referral assessments were received from social care professionals. People were then visited in their home, college or day service. Information was gathered from the person, their family or carer and other professionals involved in their care. One person said, "I remember being asked about things. I wanted to come here."
- People's needs and wishes were recorded in their support plan. This information was added to over time and reviewed as people's needs and choices changed. Relatives confirmed they were always contacted for updates.

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 that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's capacity to make specific decisions had been assessed as required. The support they needed with making decisions was reflected in their support plans. One relative told us they had been involved in a best interest meeting.
- The registered manager had taken appropriate action to apply for DoLS authorisations through local authorities in accordance with the MCA code of practice. Conditions on authorisations were being met.
- Staff understood the importance of gaining consent and promoting people's rights and choices. We saw they were enabling and reassuring when supporting people to make decisions. Staff said, "We automatically ask and involve people" and "We talk everything through and explain things."

Staff support: induction, training, skills and experience

- The provider ensured staff had the skills, knowledge and experience to deliver effective care and support.

- Staff said they had access to training. There was an induction programmes for new staff. Ongoing refresher training and specialised learning helped to ensure staff understood people's needs and provided effective support.
- Staff had, or were supported to achieve, nationally recognised qualifications in health and social care. They had regular one to one supervision meetings and an annual appraisal.

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

- People were supported to eat and drink enough to maintain a balanced diet. People's specific dietary needs and preferences were known and catered for. The menu was planned to include known favourites, offer choices and healthy options. One person told us, "I like all the food, especially breakfasts in the mornings. I voted for pasta for tea."
- Mealtimes were flexible in response to group and individual activities and choices. We observed people being supported by staff with drinks and snacks.

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

- The service liaised with health care professionals, as necessary to respond to people's needs. Relatives commented positively about the service's response to general healthcare and keeping them informed.
- Support plans included information about individual health needs and contact details of healthcare professionals.
- Hospital transfer records were completed for sharing relevant information.
- People had opportunities and support for physical exercise, including walking, swimming and dancing.

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

- People's needs were met by the adaptation, design and decoration of premises.
- We observed people were relaxed and comfortable in the service. One person explained, "I like my room." One relative said, "It's a lovely property with lots of room, he loves it."
- There was a good standard of furnishings and decoration. Equipment and facilities were provided to support mobility and independence. People had access to an enclosed outside area.

# 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 were treated with respect, compassion and kindness, they were given emotional support when needed. One person told us, "I like the staff, they are nice to me."
- We observed sensitive and respectful interactions between people who used the service and staff. Staff were understanding and considerate, when responding to people's support and care needs. Relatives commented, "The staff are friendly. Their attitude is right" and "They are a really caring team."
- Care records contained people's needs and how they wished to be supported. Included were hobbies, interests and prefeed routines. 'One-page profiles' outlined matters of importance and the best ways to support the person. Relatives told us, "I think they do treat him as an individual" and "It's really important they get to know him, they are aware of all his interests."
- Staff and managers knew people very well, they described how they provided support in response to their individual needs, preferences and personalities. A relative said, "The registered manager makes sure we have a little meeting with any new staff. It helps them to get to know [name of person]"
- An equality and diversity 'resource file' was accessible to staff. This was to promote best practice around equality and human rights.

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

- The service supported people to make choices in their daily lives. We observed staff offering choices, enabling people to make their own decisions and responding their preferences.
- Staff had time to spend talking with and listening to people. One staff member said, "We encourage choices and respond to what people want to do."
- One person told us about the morning outing they had chosen and how they had been encouraged to express their views and experiences, in an activity with staff.
- Where possible, people had been involved and consulted about the content of their care plans and with ongoing reviews. One relative explained, "They do listen to him. They are very keen to know everything and work with him. He has contributed to the care plan. "
- There was an information pack about the short break service. Leaflets were available from local advocacy services. Advocates can speak up for people and provide support with making decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was upheld, and their independence encouraged.
- People could choose where to spend their time. They had the privacy of a single bedroom, with a lockable door. They could access the communal rooms and the enclosed garden.
- Staff explained how they promoted privacy and encouraged independence, in response to people's

individual abilities, needs and choices.

# 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 that was responsive to their needs. They had support plans, which had been developed in response to their individual needs, routines and preferences. Person-centred details described how care and support was to be provided.
- Staff regularly reviewed people's care plans and updated them when necessary, to respond to people's changing needs. One relative explained, "They ring the week before [the short break] to check things out and there is an-depth review annually." Daily monitoring records were kept of people's general well-being and the support provided to them.
- The service understood and had responded to The Accessible Information Standard. People's sensory and communication needs were included in the assessment and care plan process.
- The provider used personalised methods to communicate and engage with people, using ways best suited to their individual preferences and needs.
- Technology was used to respond to people's needs. People were supported with electronic devices for communication and keeping in touch with others. The managers used the internet to promote good communication, access relevant information and support staff training.
- The provider offered a range of activities and opportunities for stimulation and community engagement. We observed people engaging in their chosen activities. Relatives said, "He enjoys his visits. They like to make the most of his time there" and "They get out and about in Clitheroe."
- Staff sought and recorded people's interests and life skills. They kept records of people's involvement and experiences with activities. One staff member told us, "Prior to people staying, we always listen and take on board any activities and organise any additional staff needed for support."

Improving care quality in response to complaints or concerns.

- People's concerns and complaints were listed to and acted upon to make improvements. One relative said, "If I have anything to say, I will say it. They always sort things out."
- The provider's complaints procedure was on display in the service. This provided directions on making a complaint and how it would be managed, including timescales for responses.
- The complaints recording process was in need of development. Although we could see complaints had been received and dealt with, some records did not show a clear audit trail of how the concerns were investigated, managed and resolved.
- Following our visit, the registered manager confirmed the action taken to make improvements. This included, developing recording systems and complaints management processes.

End of life care and support

- The service did not usually provide end of life care. However, the registered manager described how the

service would sensitively plan for people's individual needs as appropriate.

# 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 good 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

- Ribble Valley Short Break Service provided a welcoming, friendly and inclusive atmosphere. A relative said, "I think it's a well-run service. We feel very relaxed when we are away, knowing [name of person] is there."
- A 'keyworker system' linked people during their stay with a named staff member, to build relationships and provide a more personal service.
- The registered manager was proactive in their response to the inspection process. They understood and acted upon their duty of candour responsibilities by promoting a culture of openness and honesty. One staff member said, "There's really good management. I feel comfortable talking to them. They are approachable, supportive and will always help out."

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

- Management arrangements provided effective leadership and direction. Staff 'champions' had designated responsibilities for key areas of care and support.
- Job descriptions and contracts of employment outlined management and staff's roles, responsibilities and duty of care. Policies and procedures provided guidance on aspects of care and support provision.
- The service's 'philosophy of care and support' was reflected within written material. Staff expressed a practical understanding of their role to provide effective support. They told us, "I feel really valued and empowered at the service" and "Teamwork and communication here is really good."

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

- People were consulted on their experiences of the service and could influence improvements. Following each person's stay a questionnaire/review was completed with the person, their relative or main carer. One relative commented, "They always ring to see if things have been okay."
- The provider carried out an annual quality assurance survey with people and relatives. A survey had recently been carried out and the responses were due to be reviewed and collated.
- Staff meetings were held; various work practice topics had been raised and discussed. Staff said they could voice their opinions and make suggestions for improvement. One staff member said, "If we request things we always get them."

Continuous learning and improving care; Working in partnership with others

- Quality assurance systems aimed to ensure the monitoring and development of the service.

- Managers followed processes to regularly audit, systems and processes, including the prevention of infection, accidents, staff training, health and safety, refurbishment and medicine management. Although we found some matters for development, we were assured progress would be made.
- Regular provider quality monitoring visits were completed. Any shortfalls were identified and an action plan for development implemented to make improvements to the service. One relative told us, "It has got better over the years."
- The service worked well with other agencies and community resources. This included healthcare, social care professionals and leisure services.
- The service's CQC rating was on display at the service.