

Slough Borough Council

Respond

Inspection report

Respond Adult Respite Service
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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?	Requires Improvement ●

Summary of findings

Overall summary

Respond is a respite care – in-house service, managed by Slough Borough Council. The service currently provides critical respite care to adults with a learning disability. It offers both planned and emergency support to enable families/carers to maintain their carer role and by doing so keep people living at home. There are 84 people on Respond's book with 52 'active' cases with others in transition. During our inspection there were four people using the service.

Respond previously operated eight beds but from the 1 October 2014, this was reduced to four beds. There is currently a review of the service provision by Slough Borough Council.

The registered manager has been in post since October 2010. 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 and associated Regulations about how the service is run.

Relatives gave positive feedback when discussing the caring nature of the staff. They told us staff was caring, kind and respectful. We heard comments such as, "X loves them (staff) and they care for X" and "Staff are kind and respectful towards X."

Staff displayed patience, kindness and warmth towards people throughout our visit.

Relatives felt staff were experienced and skilled to provide care and support to their family members. Comments included, "They (staff) do their jobs very well" and "Based upon telephone calls from staff, they seem to know what they're talking about."

People were treated with respect and their dignity was preserved.

Relatives said the care provided focused on their family member's individual needs. A review of care plans and risk assessments showed they were regularly reviewed and kept up to date.

Relatives felt confident the service ensured their family members were cared for in a safe manner. People were protected from abuse because staff was well-trained and fully understood their responsibilities in regard to safeguarding. Examples given of when they had dealt with safeguarding issues and the actions they had taken, was found to be in line with the service's safeguarding adult's policy and procedures.

The service did not notify the Care Quality Commission (CQC) of certain incidents, within required time frames, which had occurred during or as result of provision of care and support to people.

Safe recruitment processes and checks were in place. We noted no additional staff members had joined the

service since our last inspection.

The registered manager informed us due to a review of service provision by the Local Authority recruitment had been placed on hold since October 2014. The service currently had seven staff to provide care to four people. A family member commented, "They (staff) make sure there's enough staff as X can display challenging behaviour." Staff told us even with the decrease in staffing levels they found the workload manageable. Staff rosters supported what staff had told us.

People were given their medicines safely by appropriately trained staff. Staff records showed 'medication staff competency records' and medicines training was up to date.

Staff had received Mental capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. They demonstrated a good understanding of the act and knew whether people had the capacity to make informed decisions and if not, what practices and procedures they should follow. This was also recorded in people's care records to ensure staff acted in accordance with the requirements of the MCA.

Relatives said they knew how to raise a complaint but had no concerns about the service. A review of the complaint log showed complaints received was responded appropriately by the service to the complainants' satisfaction.

The service provided support to enable people to have access to healthcare services. Staff spoke about the types of health care professionals they had access to. Comments included, "We have easy access to nutritionists. If we require additional support and if people acquired pressure sores, district nurses will visit to attend to their wounds."

Relatives were overwhelmingly positive when discussing how well the service was managed. Staff said the manager was very supportive. Comments included, "The manager has an open door policy, he supports us and gives us the opportunity to think for ourselves but will always be there to guide us. He promotes self-worth and listens to us."

Quality assurance systems were in place to improve the quality and safety of people who used the service. The service ensured the quality systems in place were reviewed for their effectiveness.

We found a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of this report.

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 was safe.

Relatives felt confident the service ensured their family members were cared for in a safe manner.

Safe recruitment processes and checks were in place.

People were given their medicines safely by appropriately trained staff.

Is the service effective?

Good ●

The service was effective.

Staff were experienced and skilled to provide care and support to people.

The service acted in accordance with the MCA 2005 and DoLS legislation.

The service provided support to enable people to have access to healthcare services.

Is the service caring?

Good ●

The service was caring.

Staff displayed patience, kindness and warmth towards people throughout our visit.

Relatives gave positive feedback when discussing the caring nature of the staff.

People were treated with respect and their dignity was preserved.

Is the service responsive?

Good ●

The service was responsive.

Relatives said the care provided focused on their family

member's individual needs.

A review of care plans and risk assessments showed they were regularly reviewed and kept up to date.

Relatives said they knew how to raise a complaint but had no concerns about the service.

Is the service well-led?

The service was well-led however; the service did not notify the Care Quality Commission (CQC) of certain incidents, within required time frames, which had occurred during or as result of provision of care and support to people.

Relatives were overwhelmingly positive when discussing how well the service was managed.

The service ensured the quality systems in place were reviewed for their effectiveness.

Requires Improvement 

Respond

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.

This was an unannounced inspection which took place on 13 & 14 January 2016 and was carried out by one inspector.

Before the inspection we reviewed all the information we held about the service. We looked at notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect a service or the people using it.

We looked at the provider information return (PIR) which the provider sent to us. 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 also looked at all the information we have collected about the service.

Following our visit we received feedback from a service manager from the community learning and disabilities team (CTPLD).

As part of our inspection we spoke with four relatives of people who used the service. We were unable to speak at length to any of the people who used the service, due to their capacity to understand. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

We spoke with the registered manager and three care workers. We looked at three care records, two staff records and records relating to the management of the service.

Is the service safe?

Our findings

Most of the relatives we spoke with had family members who had been using the service over ten years. They felt confident the service ensured their family members were cared for in a safe manner. We heard comments such as, "I have had no problems since X has been attending Respond", "I am very confident the service is looking after X in a safe way, "X would let us know if they were not happy" and "We have no concerns when X attends Respond."

People were protected from abuse because staff were well-trained and fully understood their responsibilities in regards to safeguarding. Staff were knowledgeable about the signs of abuse and what would constitute a safeguarding concern. They gave examples of when they had dealt with safeguarding issues and the actions they had taken. We found this to be in line with the service's safeguarding adults policy and procedures.

A review of safeguarding alerts were found to be recorded and reported in line with service's safeguarding adults policy and procedures and the 'Slough Multi-Agency Safeguarding Adults Policy'. We noted these policies were easily accessible for staff members.

There were sufficient numbers of staff to keep people safe and meet their care needs. The registered manager informed us due to a review of service provision by the local authority; there had been a hold on recruitment since October 2014. The service currently had seven staff to provide care to four people. One family member commented, "They (staff) make sure there's enough staff as X can display challenging behaviour." Staff told us even with the decrease in staffing levels they found the workload manageable. They felt there was sufficient staff to provide care to people and to provide cover when work colleagues were on holiday or on sick leave. Staff rosters supported what staff had told us.

Incidents or unusual behaviour that challenged was recorded. These were reviewed and any actions required or taken by staff were recorded in people's care records.

Safe recruitment processes and checks were in place. We noted no additional staff members had joined the service since our last inspection.

People's individual risk assessments were incorporated into their care plans. A staff member commented, "Risk assessments are very important as these enable people to do as much as they can but helps staff to ensure they can do what they want in a safe environment." Risk assessments showed staff were given detailed information about how to support people in a way that minimised risk for the individual and others. The Identified areas of risk depended on the individual and covered areas such as use of electrical items; when people were out in the community or had health conditions. We observed staff supporting people in line with what was written in their risk assessments. For example, one person was supervised whilst they used kitchen appliances.

People were given their medicines safely by appropriately trained staff. Staff records showed 'medication

staff competency records' and medicines training were up to date. Staff told us the administration of medicines was always undertaken by two members of staff. One staff member administered people's medicine and another staff member acted as a witness. This was supported by our observations. Medicine administration records (MAR) recorded the names of medicines prescribed and the dosage to be administered. Medicines prescribed on a 'as when required' basis were clearly shown.

People's family members or representatives were responsible for ensuring medicines were available when people arrived for their planned stay. They told us they were confident in staff members' ability to administer medicines safely. We heard comments such as, "They (staff) are always strict on medicines and will call me if there's any changes", "I give staff the medicines and they will do the necessary checks to ensure the quantity of medicines match what's written on the prescription" and "We had brought in some tablets that was not in their original package. The staff members would not accept them so we had to go home and put them in their original package."

People were safe from infection because staff ensured they used the appropriate personal protection equipment (PPE) and followed correct infection control procedures. They told us due to some people having low immune systems it was important they regularly washed their hands. One staff commented, "We wear gloves and ensure they are taken off in between tasks." We observed the home was clean throughout with hand washing techniques displayed in the kitchen and 'Have you washed your hands' posters was displayed in the toilets.

Is the service effective?

Our findings

Relatives felt staff was experienced and skilled to provide care and support to their family members. Comments included, "They (staff) do their jobs very well" and "Based upon telephone calls from staff, they seem to know what they're talking about."

Staff received appropriate induction, training and supervision. The registered manager told us all of the staff had been working for the service for over two years. Staff told us their training was reviewed yearly and they were able to speak with the registered manager about additional training if required. A review of the service's training matrix showed all permanent, bank and agency staff's training were up to date.

Staff were supervised regularly and told us how it benefitted them. Comments included, "I am open and will discuss issues and look for solutions. I quite like supervisions" and "Supervisions make you feel valued as the manager provides formal feedback and gives you the opportunity to raise concerns." A review of staff records showed staff received induction; were up to date with their training; appraisals had been undertaken which recorded their personal development needs and aspirations and supervisions were regularly undertaken.

The service provided students from selected schools across Berkshire with an opportunity to attend a five day work experience placement. The registered manager stated Respond has been involved in this programme for a number of years and they have acted as the placement supervisor throughout the programme. We reviewed the programme and saw it provided students with a range of learning experiences which covered working with people with learning disabilities; group care living; team working and resource allocation. Students were also provided with a comprehensive and detailed programme for the placement. This covered hours of work; arrangements for lunch and reporting sickness; what the induction program for the five days. End of placements reports appraised student's overall performance.

We checked the provider's compliance with the Mental Capacity Act (2005), (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. This included decisions about depriving people of their liberty so that they get the care and treatment they need, where there was no less restrictive way to achieve this.

People's rights were protected because staff understood the issues of consent, mental capacity and DoLS. The registered manager had submitted DoLS applications appropriately to the local authority. Staff had received Mental capacity Act 2005 and DoLS training and demonstrated a good understanding of the act. They knew whether people had the capacity to make informed decisions and if not, what practices and procedures they should follow. This was also recorded in people's care records and to ensure staff acted in accordance with the requirements of the MCA.

Staff sought people's consent and involved them in decisions. This was evident in care records which were written in easy read pictorial format to meet people's communication needs. One staff commented,

"People's capacity can fluctuate from day to day. I give them all the relevant information so they can make best informed decisions."

Relatives felt their family members' nutritional needs were being met. Comments included, "X gets a balanced meal "and "Staff ensure X has adequate food and drinks." This was supported by staff who told us how they ensured people were given a balanced diet. They discussed how meals were adapted to meet people's cultural and religious needs. Where specific concerns were identified in regards people's nutritional needs we observed staff working in line with people's individual risk assessments. This ensured people were effectively supported at meal times.

People were supported to make their own choice and were encouraged to eat healthy. They were provided with a choice of suitable and nutritious food and drink. We saw that staff discussed the planned menu with people. Weekly menus were visibly displayed; staff informed us these were flexible due to the nature of the service as people stayed at the home for short periods of time. Individual dietary needs were clearly recorded in care plans. We observed a staff member check a person's dietary record to ensure the meal being prepared later that day would meet their dietary needs.

The service provided support to enable people to have access to healthcare services. Staff spoke about the types of health care professionals they had access to. Comments included, "We have easy access to nutritionists if we require additional support and if people acquired pressure sores, district nurses will visit to attend to their wounds."

The registered manager told us people remained registered with own GPs, this was because their stay at the service was short term and would usually return to their family homes. However, staff would arrange and escort people to their various medical appointments should the need arose during their stay. This was supported by a relative who commented, "Staff will arrange an appointment with the GP if X required and ensure we are kept up to date."

There was evidence of joint working with the registered manager and other professionals when carrying out assessments. For example, we saw a record of an assessment undertaken by the service and another health professional on a relative and their family member. This helped the relative to familiarise themselves with various equipment used to support their family member whilst they were stayed in the service. As well as prepare them for when the family member eventually moved in with them.

Is the service caring?

Our findings

Relatives gave positive feedback when discussing the caring nature of the staff. They told us staff was caring, kind and respectful. We heard comments such as, "X loves them (staff) and they care for X" and "Staff are kind and respectful towards X." Staff displayed patience, kindness and warmth towards people throughout our visit.

Relatives said staff knew their family members well. We saw staff had established good working relationships with the people they supported and demonstrated a good understanding of their care needs. Staff told us about people's family histories; their preferences; their communication needs and hobbies and interests. A review of people's care records confirmed what staff had told us.

Relatives said they were involved and supported in planning and making decisions about their family members' care. One relative commented, "The manager has a way of explaining things in regards to options available. He puts everything in layman's terms so you can fully understand. Another relative spoke positively about how staff involved their family member. They commented, "They (staff) don't speak to X as though they are not there when we are around but involve X in the conversation."

People said staff promoted their independence and supported them to exercise choice. For instance one staff member commented, "Every day is about choice, whether people want a bath or a shower to major decisions." Staff said they encouraged people to be independent and would only assist people with tasks they were unable to do themselves. Each person had a 'planned programme plan chart' these amongst others evidenced how people were encouraged to be independent. For example, one person's goal was to learn how to do laundry. There were records to show the task was broken down into manageable sections in order for the person to learn the routine. We observed a person independently preparing themselves a snack and drink, with staff present to provide assistance if required.

People were treated with respect and their dignity was preserved. Staff said they knocked on people's doors and entered when given permission. A staff member commented, "I always ensure towels are placed over people when they are being hoisted out of the bathroom."

People were able to bring their own personal items during their stay and were happy to show us around their rooms. There was a relaxed environment in the home and people were able to move around the home freely and interacted positively with staff members. A staff member told us they were able to do a lot more observations and we are able to spend much more quality time with people. This was observed during the late afternoon when people had returned from their day time activities.

People were able to express their opinions on matters important to them, such as activities, food menu or holidays, at regular house meetings organised on a monthly basis.

The home had no one who was receiving end of life care at the time of our visit. The registered manager informed us since the home opened they had never had anyone who stayed, who was in receiving end of life

care. However, staff had received appropriate training in the event this happened. We noted their training was up to date.

Is the service responsive?

Our findings

Relatives said the care provided focused on their family member's individual needs. One relative commented, "They (staff) treat X as an individual." People had very detailed care plans which meant that staff were able to offer very individualised care.

Staff developed knowledge of everyone's needs and were able to talk about how they supported individuals. A staff member commented, "I read the care plan to ensure I get to know service users and their mannerisms." We saw care plans were tailored to meet people's complex needs. They clearly described people's tastes, their preferences and how they wanted to be supported.

Care records captured people's cultural, religious needs and gender preferences. A relative told us they spoke a specific language and was happy with the service as they were able to speak to a member of staff who also spoke the same language.

Reviews of care was written in a pictorial format and captured meetings held with people and their relatives. Meetings were held in environments that were comfortable for people, usually in their homes. They captured people's current respite allocation; list of recent stays; list of cancelled stays and future stays booked. We saw discussions were also held on people's personal care: social skills and community use and the level of support required in these areas. For example one person required minimal support in personal care in specific areas, had good social skills and enjoyed being involved in group activities. It was recommended that staff continue to promote the person's independence skills and enhance their day to day life skills.

The registered manager told us people's care plans and risk assessments were reviewed every time they came to stay at the home. This enabled relatives to update staff on any changes that occurred since their last stay. A review of care plans and risk assessments showed they were regularly reviewed and kept up to date.

Service user meetings were held which enabled people to express their thoughts. These were recorded in easy read pictorial formats. For example, a service user meeting held on 10 January 2016 recorded a person had they had enjoyed their Christmas and they talked about the presents they had received.

People were engaged in social activities. We saw various photographs of people involved in activities such as arts and crafts; getting their hands massaged was displayed in the hall way. Individual programme plans recorded activities people enjoyed. This was supported by our observations. For instance, one person's individual programme plan stated they enjoyed going for walks around the High Street. On day one of our visit the person went out with a member of staff to do some shopping. This meant people's social needs were being met.

During our visit the service had received an emergency request for respite due to a crisis. We observed the service responded promptly to the request and ensured the relevant referral application was fully

completed to ensure they had as much information about the person in order to make an informed decision. This included assessing the impact accepting the person would have on the people who were currently staying in the home.

Relatives said they knew how to raise a complaint but had no concerns about the service. A review of the complaint log showed complaints received was responded appropriately by the service to the complainant's satisfaction. The complaints policy had a photograph of the registered manager and was written in an easy read pictorial format. This made it easy for people and their relatives to understand what they should do if they had any concerns and who they should contact in the first instance.

Is the service well-led?

Our findings

Providers and managers are required to notify certain incidents to the Care Quality Commission (CQC) within required time frames, which have occurred during or as result of provision of care and support to people. Prior to our inspection, we checked our database for records of any incidents notified to us. We observed the service had appropriately reported safeguarding incidents to the relevant body and received authorised DoLS from the supervisory body. However, no notifications in regards to these were submitted to the CQC since our last inspection.

This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Part 4).

Relatives were overwhelmingly positive when discussing how well the service was managed. Comments included, "The manager is very competent, he's a people's person and does not talk down to you", "The manager had done a brilliant job. He can only do so much with the resources he has" and "The manager is fantastic, he has gone above and beyond care management. He always has time for families and service users."

The registered manager told us they provided support to staff and inspired and encouraged them to do much better. They promoted open communication and respect. This was supported by staff who felt the manager was very supportive. Comments included, "The manager has an open door policy, he supports us and gives us the opportunity to think for ourselves but will always be there to guide us. He promotes self-worth and listens to us" and "I can approach the manager anytime, he expects a lot from his staff and wants us to excel and gives us the tools required to do our job."

After our visit we received feedback from the service manager of the local Community Learning Team for People living with a Disability (CTPLD). They stated, "The management team appear to manage well and provide good quality care to the service users and this is based around the needs of the individual. Some service users who are known to Slough's CTPLD prefer to access their care from other providers and through different means but Respond provides a traditional type of respite care that it well known and liked within the Borough".

We reviewed the service's 'Service Plan 2015 -2016. This outlined the aims and the purpose of the service; key current action plans for the 2015-2016 period such as, the current comprehensive review being undertaken as part of the local authority's LD (learning disability) change process; strengths and key achievements/targets met in 2014-2015 such as, the service maintained a full strength, highly skilled and motivated staff team and areas for development in 2015-2016 for instance, focus on programme planning and outcome for service users. This ensured quality systems in place were reviewed for their effectiveness.

Relatives said their views were sought and they were kept up to date of changes in the service. They referred to being consulted on the recent review that was being undertaken by the local authority. They spoke highly about the service and expressed concerns about what they believed to be, the uncertain future of the service. Comments included, "Respond has been our backbone and we depend on them a lot whenever we

need help. Since October 2014 they have reduced from eight beds to four and that's a concern. It's a life line" and "Respond is like a second family and X loves going there. They are very comfortable with staff", "Respond to me is an essential" and "We were called in to discuss changes in the service. A review of the consultation with parents, carers and family members at Respond undertaken from 9 November 2015 to 2 December 2015 showed people's view were sought in regards to service provided by Respond.

Policies and procedures were reviewed and updated. This included care plan and risk assessments processes; internal food and nutrition guidance and menu planning guidance; the service's first aid risk assessment and quality monitoring processes. Staff spoke about the various checks they undertook such as, food and temperature charts; water temperatures charts; cleaning charts that had to be completed. A review of these charts showed they were up to date. Staff said the systems in place were quite clear to follow.

Staff team meetings recorded quality assurance was regularly an item on the agenda. For instance minutes of staff meeting held on 9 January 2016 recorded what checks had to be undertaken. For example, charts that had to be completed when people were admitted to the home and when their stay came to an end, as well as significant events that had occurred.

Accidents and incidents were recorded and analysed. We reviewed the 'accident/incident analysis for May 2015 to August 2015'. This analysed the numbers of accidents that occurred in that period for people and staff; the number of incidents such as assaults by people on staff and assaults by people on other people who stayed in the home. This information was used to identify themes and actions that the service was required to take.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The service did not notify the Commission without delay of DoLS application that had been approved by the supervisory body and safeguarding alerts raised with the local authority. Regulation 18(4) (B) and 18 (2) (e).</p>