

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

We carried out an inspection of Ribble Valley Short Breaks Service on 6 and 7 October 2016. The first day was unannounced.

Ribble Valley Short Break Service provides short term accommodation and support, for up to six people with a learning disability. The house is a detached property in a residential area, towards the outskirts of Clitheroe. Accommodation is provided in six single bedrooms. The two bedrooms on the ground floor are equipped with overhead ceiling hoists and specialist bathing equipment. There is an enclosed private garden area to the rear of the property. At the time of the inspection there were four people accommodated in the home.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 on 21 August 2014, the service was found to be meeting the regulations applicable at that time.

During this inspection, people using the service told us they felt safe and staff treated them well. There were enough staff on duty in the home to meet people's care and support needs. Safeguarding adults' procedures were in place and staff understood how to safeguard people from abuse. Risks associated with care were identified and assessed. There was a whistle-blowing procedure available and staff said they would use it if they needed to. People's medicines were managed appropriately and people received their medicines as prescribed by health care professionals.

Staff had completed an induction programme when they started work and they were up to date with the provider's mandatory training. The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation. There were appropriate arrangements in place to support people to have a varied and healthy diet. People had access to a GP and other health care professionals when they needed them.

Staff treated people in a respectful and dignified manner and people's privacy was respected. We observed people were happy, comfortable and relaxed with staff. Support plans and risk assessments provided guidance for staff on how to meet people's needs and were reviewed annually or in line with any changes in need or circumstance. People were encouraged to remain as independent as possible and supported to participate in a variety of daily activities.

Systems were in place to monitor the quality of the service provided and ensure people received safe and effective care. These included seeking and responding to feedback from people in relation to the standard

of care. Regular checks were undertaken on all aspects of care provision and actions were taken to continuously improve people's experience of care.

## 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.

People were protected against the risk of abuse and felt safe in the home.

There were sufficient numbers of staff on duty to meet people's needs. Safe recruitment practices were followed.

People's medicines were managed safely and administered by trained staff.

### Is the service effective?

Good 

The service was effective.

Staff received appropriate training to enable them to carry out their role effectively.

Staff understood the main provisions of the Mental Capacity Act 2005 and how it applied to people in their care.

People received the support they required to ensure their health and nutritional needs were met.

### Is the service caring?

Good 

The service was caring.

People used the service were treated with warmth, kindness and respect.

Staff had a good understanding of people's needs and wishes and responded accordingly.

People's dignity and privacy was promoted.

### Is the service responsive?

Good 

The service was responsive.

People's care was planned and delivered in line with their individual support plan.

People were supported to participate in a range of social activities.

People had access to information about how to complain and were confident that any complaints would be listened to and acted upon.

**Is the service well-led?**

**Good** ●

The service was well led.

The home had a registered manager who was committed to the continuous improvement of the service.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people, staff and relatives.

# Ribble Valley Short Break Service

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 and 7 October 2016 and the first day was unannounced. The inspection was carried out by an adult social care inspector.

The provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information to us about the service, what the service does well and any improvements they plan to make.

Before the inspection, we contacted the local authority contracting team for feedback and checked the information we held about the service and the provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with the registered manager, team manager, two members of staff, two people using the service and four relatives.

We had a tour of the building and looked at a sample of records including four people's support plans and other associated documentation, two staff recruitment files and induction records, staff rotas, training and supervision records, minutes from meetings, complaints records, medicines records, various policies and procedures and audits.

# Is the service safe?

## Our findings

We saw people were relaxed and happy in the home. Both people spoken with said they were happy and liked staying at the home. One person told us, "I like being here. The staff are nice." Relatives spoken with also expressed satisfaction with the service and told us they had no concerns about the safety of their family member. One relative said, "I really feel like [family member] is safe. They have spent a lot of time getting to know them."

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from abuse. We found there was an appropriate policy and procedure in place which included the relevant contact number for the local authority. The procedure was designed to ensure that any safeguarding concerns were dealt with openly and people were protected from possible harm. The staff also had access to a flowchart which set out the safeguarding process and a poster produced by the local authority was displayed in the ground floor office. The registered manager was aware of his responsibility to report issues relating to safeguarding vulnerable adults to the local authority and the Care Quality Commission.

The staff understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would report any incidences of abuse and were confident the registered manager would act on their concerns. Staff were also aware they could take concerns to organisations outside the service if they felt they were not being dealt with. Staff said they had completed safeguarding training and records of training confirmed this. The registered manager explained all staff received refresher training on an annual basis.

The risks involved in delivering people's care had been assessed to help keep them safe. We found individual risks had been assessed and recorded in people's support plans and management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner. The risk assessments were broad and wide ranging, for instance we noted one person's risk assessments related to personal care, accessing the community, the use of equipment and swimming. We also noted an extensive discussion had been held with one relative in order to develop a detailed risk assessment in preparation for their family member's visit to the service. Records showed the risk assessments were reviewed and updated to ensure they reflected people's current needs and wishes.

General risk assessments had been carried out to assess risks associated with the home environment. These covered such areas as fire safety, the use of equipment, infection control and the management of hazardous substances. The risk assessments were reviewed on an annual basis unless there was a change of circumstance. This ensured people living in the home were safeguarded from any unnecessary hazards.

We saw there were plans in place to respond to any emergencies that might arise and these were understood by staff. The registered manager had devised a business continuity plan. This set out emergency plans for the continuity of the service in the event of adverse events such as loss of power or severe weather. We also noted all people had a personal emergency evacuation plan, which detailed the assistance they would need in the event of an urgent evacuation of the building.

The premises and equipment were appropriately maintained to help keep people safe. We saw regular checks and audits had been completed in relation to fire, health and safety and infection control. The provider also had arrangements in place for ongoing maintenance and repairs to the building.

We saw records were kept in relation to any accidents or incidents that had occurred at the service. All accident and incident records were checked and investigated by the registered manager to make sure that responses were effective and to see if any changes could be made to prevent incidents happening again. The registered manager had made appropriate referrals to the social work team following incidents in the home. An overall log of accidents and incidents was maintained and the registered manager advised us he checked this following any accident or incident in order to identify any pattern or trend.

We looked at how the service managed staffing levels and recruitment. The home had a rota which indicated which staff were on duty during the day and night. We noted this was updated and changed in response to staff absence. The registered manager explained the staffing levels were flexible and adjusted on a regular basis in line with the needs of people using the service. Staff spoken with confirmed they had time to spend with people and people told us staff were readily available whenever they required assistance.

We looked at the recruitment records of two staff members and spoke with a member of staff about their recruitment experiences. The recruitment process included a written application form and a face to face interview. The applicants were asked a series of questions at the interview which were designed to assess their knowledge and suitability for the post. We saw two written references and an enhanced criminal records check had been obtained before staff started work in the home. This meant the provider only employed staff after all the required and essential recruitment checks had been completed.

We reviewed the arrangements in place for supporting people with their medicines. We found policies and procedures were in place to ensure medicines were handled in line with safe practice. People brought their own prescribed medicines with them. We saw staff made contact with relatives /carers before people visited the service to discuss any changes to people's medicines. On arrival, people's medicines were counted and checked to ensure people had sufficient stocks during their stay. Details of all medicines were entered onto a medication administration record and signed by two staff. This practice minimised the risk of errors. The level of assistance that people required was recorded in their support plan alongside guidance on the management of any risks. Staff told us they had completed a safe handling of medicines course and records seen confirmed this. The management team also carried out competence checks to ensure staff were proficient in this task.

We noted appropriate records were maintained for the receipt, administration and return of medicines. The records included a full list of people's medicines along with details of their purpose, possible side effects and any special requirements. We saw there were written procedures in place for the management and administration of variable dose medicines and medicines prescribed "as necessary." When people left the service all their medicines were counted and balanced to ensure people had taken the correct amount of medicine during their visit and the correct amount was returned to people's carers.



## Is the service effective?

### Our findings

People told us they were happy with the way staff supported them. One person said, "I think the staff are good." Relatives spoken with expressed confidence in the staff team, one relative stated, "The staff are excellent and they treat everyone so well."

The Mental Capacity Act (MCA) 2005 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 when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA 2005. We found the provider had policies and procedures on the MCA and staff had received appropriate training. Whilst we found assessments of people's capacity to make decisions for themselves had not been recorded on their care files, the registered manager and the staff spoken with had a good knowledge of the principles of the Act and how it applied to their work. They understood the importance of enabling people to make specific decisions wherever possible as well as the process they would follow if the person lacked capacity to make decisions. We noted there were records of best interest decisions on people's files. Staff said they always asked for people's consent before providing care, explaining the reasons behind this and giving people enough time to think about their decision before taking action. We saw there was a record of whether people consented to the provision of care in their support plans.

The registered manager understood when an application for a DoLS should be made and how to submit one. At the time of the inspection, the registered manager had submitted 13 applications to the local authority for consideration. Whilst information about the DoLS applications had not been included in people's files, the registered manager assured us all relevant support plans would be updated to provide staff with details about the applications.

We looked at how the provider trained and supported their staff. We noted all staff completed induction training when they commenced work with the service. This included an initial service induction, training in the organisation's visions and values, the provider's mandatory training and the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. New staff shadowed experienced staff to become familiar with people and their needs. We noted all new staff completed a checklist which included all elements of the induction training as well as observations of their care practice.

There was a programme of ongoing training available for all staff, which included, safeguarding, manual

handling, medicines management, emergency first aid, food hygiene, health and safety, Mental Capacity Act 2005 and fire safety. Staff also completed a number of specialist training courses which included epilepsy awareness and autism awareness as well as positive behaviour support. Staff confirmed they had regular training and that courses were refreshed on a regular basis. We saw the training plan documented when training had been completed and when it was due to expire. The registered manager had systems in place to ensure all staff completed their training in a timely manner. The variety of training offered meant that staff were supported to have the correct knowledge to provide effective care to the people. Staff spoken with confirmed the training was beneficial to their role.

Staff told us they were provided with regular supervision with a member of the management team. The supervision sessions enabled staff to discuss their performance and provided an opportunity to plan their training and development needs. We saw records of supervision during our visit and noted a range of topics had been discussed.

We were shown around the building as part of the inspection. We saw that the interior decoration was clean and bright and well maintained. The home was equipped with appropriate equipment such as hoists and assisted baths to promote people's safety and well-being.

We looked at how people using the service were supported with eating and drinking. Information about people's dietary needs and preferences was asked for before they used the service. This meant that staff could prepare weekly menus reflecting people's choices and their individual dietetic requirements. We also saw that pictorial menus were available to assist people with their choices. People told us they enjoyed the food and were given a choice of meals and drinks. Staff made a record of what people ate to ensure they had sufficient food. All meals were prepared daily from fresh ingredients. We saw one person also had a chart of how much liquid they drank to help ensure they had a sufficient quantity each day.

Relatives spoken with told us the staff would follow up on any health concerns and were thorough at making sure they had all the necessary information about people's health before they began respite care. All relatives said staff would contact them if they had any concerns and would contact a GP if necessary. Staff had clear information about people's health needs and key healthcare personnel involved in their care. The registered manager and staff confirmed they worked closely with healthcare professionals such as the district nursing team and chiropodists to ensure people received prompt, co-ordinated and effective care.

## Is the service caring?

### Our findings

People told us the staff who supported them were kind and caring. One person told us, "I like the staff because I can talk to them." Similarly relatives spoken with praised the approach taken by staff, one relative said, "The staff really give us confidence and we have been very impressed" and another relative commented, "The staff are very good and very caring." We also noted relatives had submitted positive comments as part of a satisfaction survey, for instance one relative had written, "All excellent, staff excellent, [family member] seems happy at all times." Relatives spoken with confirmed they were always made welcome in the home.

We observed staff interacted in a caring and respectful manner with people using the service. The atmosphere was calm and cheerful and people were being assisted by members of staff in an attentive and unhurried way. People were seen to be comfortable and at ease with the staff who supported them. Staff talked with warmth and affection about the people they were supporting.

Staff spoken with understood their role in providing people with compassionate care and support. The staff were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of people's care records. Wherever possible, people were consulted about the care they needed and how they wished to receive it. There was a 'keyworker' system in place. This linked people living in the home to a named staff member who had responsibilities for overseeing aspects of their care and support. Wherever possible, keyworkers were on duty when their linked person was staying in the home. This meant the person was familiar with the staff member and received continuity of care.

The registered manager and staff were considerate of people's feelings and welfare. They understood the way people communicated and this helped them to meet people's individual needs. Although some people were not able to communicate their views about the staff with us verbally we observed relationships were positive. We saw staff were kind and empathetic towards people and understood how to relate to each person. Both people spoken with told us that staff were always available to talk to and they felt that staff were interested in their well-being. A relative also told us, "There has been so much communication and they have gone to great lengths to build a profile of [family member] following every visit."

Staff recognised the importance of people maintaining and building their independence skills. One staff member told us, "It's important people keep up their skills as it improves their confidence." People were encouraged and supported to participate in the daily life of the home if they wished to and we saw photographs of one person making a cake.

People were supported to be comfortable in their surroundings. People told us they were happy with their bedrooms, which they were able to personalise with their own belongings and possessions. This helped to ensure and promote a sense of comfort and familiarity during their stay in the home.

Each person had a single room which was fitted with an appropriate safety lock. People could choose to spend time in the rooms if they wished and this choice was respected by the staff. For instance, one person

told us they were looking forward to listening to music in their room on the evening of our visit. Staff confirmed it was part of routine practice to knock on bedroom doors before entering. There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting. There was also information on these issues in a guide to the service. The information guide was available in all bedrooms and presented an overview of the home and the services and facilities provided.

People who stayed at the service and their relatives/carers were actively encouraged to share their views. Documents and forms were available with pictures and symbols, to aid the understanding people's understanding of the questions. Pre and post stay telephone calls were offered to people and their relatives. This meant that people were asked for their views about their care and support before and after using the service.

## Is the service responsive?

### Our findings

We observed that staff were responsive to people's needs and wishes. For instance one person expressed a wish to go to a social club and the registered manager later informed us transport had been arranged for the following week to enable the person to attend. Relatives spoken with had no concerns about the service and told us their family members were happy and settled whenever they stayed in the home. One relative told us, "The staff are very helpful and [family member] always has a big smile when they go through the door. It's a lovely place and [family member] enjoys visiting. I have no worries at all."

Staff identified and planned for people's specific needs through the support planning and review process. We saw people had individual support plans in place to ensure staff had the correct information to help them maintain their health, well-being and individual identity. Before people used the service, the initial referral was followed up with a home visit and a visit to the person's school, college or day time placement. Information was gathered from the person concerned, their family and professionals involved in their care and support. Whilst there was no specific tool to assess people's needs, the registered manager explained details about people's needs and wishes were recorded on the support plan. This information was added to over time and reviewed as people's needs, circumstances and preferences changed.

When a new person was being introduced to the service a transition plan was developed to ensure the person felt happy and comfortable in the home before staying for a short break. According to information provided in the Provider Information Return, learning logs were also used during this time to check the care provision was responsive to people's needs and preferences. The booking system was flexible to enable people to express a preference to stay with friends and wherever possible choose their bedroom. The registered manager also stressed the importance of ensuring people were compatible with each other.

We looked at four people's support plans and other associated documentation. This information identified people's needs and provided guidance for staff on how to respond to them. The support plans were underpinned by a series of risk assessments and included people's preferences and details about how they wished their support to be delivered. The plans were reviewed once a year as a minimum and more frequently if people's needs changed. We noted the support plans were detailed and provided staff with information about people needs routines, wishes and preferred lifestyles. Wherever possible, people were involved in the reviews of their support plan. Staff also attended reviews at day services and schools to ensure people received co-ordinated and consistent care.

People told us they enjoyed the activities they took part in when they visited the service and were able to do things they wanted to do. One person told us they enjoyed doing jigsaws and going out for a walk. Activities provided at the service were determined by people's interests, abilities and preferences. Examples of activities provided inside the home included, arts and crafts, baking, creating music and games. There was also sensory equipment available in the quiet room. The registered manager explained that people accessed the local community and visited shops, restaurants and leisure facilities. On occasion vehicles had been hired to enable people to visit nearby attractions and places of interest.

Daily reports provided evidence to show people had received care and support in line with their support plan. We noted the records were detailed and people's needs were described in respectful and sensitive terms. Staff had a good knowledge of people's needs and could clearly explain how they provided support that was important to each person. Staff were readily able to explain people's preferences, such as those relating to health and social care needs, personal preferences and leisure pastimes.

We looked at how the service managed complaints. People told us they could talk about any concerns or worries. Relatives spoken with said they would be happy to approach the staff or the registered manager in the event of a concern. Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any given situation in an appropriate manner.

The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. We noted there was easy read information about the procedure in the guide to services. We looked at the complaints records and noted the registered manager had received two complaints. We saw there were systems in place to investigate complaints. Records seen indicated the matters had been investigated and resolved to the satisfaction of the complainant. This meant people could be confident in raising concerns and having these acknowledged and addressed.

## Is the service well-led?

### Our findings

People and their relatives told us they were satisfied with the service provided at the home and the way it was managed. One person said "It's very good here" and a relative told us, "They seem to organise things well and [family member's] visits go smoothly" and another relative commented, "The management and staff have been very supportive. It's been very reassuring."

The service was led by a manager who is registered with the Care Quality Commission. The registered manager was responsible for the day to day operation of the service and a nearby short breaks service operated by the provider. He therefore spent time at both locations. During the inspection, we spoke with the registered manager about the care provided in the home. He was able to answer all of our questions about the support provided to people showing that he had a good overview of what was happening with staff and people who used the service.

The registered manager told us he was committed to the on-going improvement of the home. At the time of the inspection, he described his achievements over the last 12 months as the developing interview questions for new staff, successfully managing emergency referrals and supporting people experiencing difficult circumstances and complex needs. The registered manager also described his priorities over the next 12 months as ensuring people's views are captured more frequently, managing the commissioning of people's stays to ensure people are well matched and ensuring people are compatible in terms of age and interests. The registered manager had set out further planned improvements for the service in the Provider Information Return. This demonstrated the registered manager had a good understanding of the service.

There was a clear management structure. Staff were aware of the lines of accountability and who to contact in the event of any emergency or concerns. If the registered manager or team leader was not present, staff had access to an on call system which was operated via a rota by all the short breaks managers across Lancashire.

The registered manager used a range of systems to monitor the effectiveness and quality of the service provided. This included feedback from people, their relatives and staff. One way this was achieved was via annual satisfaction questionnaires. We saw the registered manager had collated the responses and displayed the results on the wall in the hallway. We noted all respondents had indicated they were satisfied with the service. We also noted people had made positive comments about the service which included, "Really satisfied with the service, all aspects are to a high standard" and "This service is the very best and couldn't be improved." At the time of the inspection, the results from the staff survey had not been collated. However, the registered manager assured us an action plan would be developed to address any concerns and suggestions for improvement.

The registered manager used various ways to monitor the quality of the service. These included audits of the systems in place to manage medicines, the environment, staff training, infection control and checks on the fire systems. The audits and checks were designed to ensure different aspects of the service were meeting the required standards. Action plans were drawn up to address any shortfalls. The plans were reviewed to

ensure appropriate action had been taken and the necessary improvements had been made.

We saw there were organisational policies and procedures which set out what was expected of staff when caring for people. Staff had access to these and they were knowledgeable about key policies. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff were also invited to attend regular team meetings. We looked at the minutes of the meetings and noted a wide range of topics had been discussed.

The registered manager was part of the wider management team within Lancashire County Council and met regularly with other managers to discuss and share best practice in specific areas of work.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding team. Our records showed that the registered manager had appropriately submitted notifications to CQC about incidents that affected people who used services.