

## Worcestershire County Council

# Pershore Short Term Breaks

### Inspection report

48 Station Road  
Pershore  
Worcestershire  
WR10 1PD

Tel: 01386552978  
Website: [www.worcestershire.gov.uk](http://www.worcestershire.gov.uk)

Date of inspection visit:  
08 December 2015  
09 December 2015

Date of publication:  
15 January 2016

### 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

The inspection took place on 8 and 9 December 2015 and was unannounced. Pershore Short Term breaks offers accommodation for up to four people with learning disabilities and sensory impairments. The home offers short term accommodation to people with complex health needs, so relatives and carers are supported in their caring roles. People had their own rooms and the use of a number of comfortable communal areas, including a kitchen, lounge, a sensory room and garden areas.

A registered manager was in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We saw people got on well with the registered manager and staff supporting them. Relatives told us their family members liked the staff who cared for them and enjoyed staying at the home. People's privacy and dignity were respected by staff. Staff supported people to make their own choices and to do the things they enjoyed. Staff knew how to communicate with people effectively and provide reassurance to people when they needed it. The registered manager and staff shared information with families so that people's their well-being was maintained. Staff knew how to support people so they were as independent as possible and made sure people had the equipment they needed to promote their independence. Staff had received training in managing people's medicines and senior staff undertook checks to make sure people received the correct medicines.

People received care and support from staff who understood and responded to people's individual needs. Staff recognised when people's needs changed and responded to changes, so people were cared for in the best way for them. Staff knew about people's preferences and the things people liked to do.

Staff were supported through regular supervision and training. New staff members received a programme of induction, so they could support people effectively. Staff told us they were able to provide safe and compassionate care as they were supported by the registered manager and senior staff. People's consent was appropriately obtained by staff. Staff worked with other organisations to make sure they were protecting people's freedom and rights to make decisions themselves.

People were cared for by staff who knew their dietary needs. Relatives told us that people were encouraged to eat enough so they remained well. If people became ill when staying at the home, staff supported people to see health professionals so people's health needs were met and they remained well.

Relatives told us that the registered manager and staff were caring. Relatives contributed to their family member's assessments and care reviews, so they received the care which was right for them. The provider and registered manager undertook checks on the quality of the care provided and took steps to develop the care offered to people further. Relatives representing people who lived at the home and staff told us the

registered manager was open and welcomed suggestions to develop the services provided to people further.

## 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 cared for by staff who had the knowledge and skills to protect them from harm. There was enough staff to keep people safe and meet their care and safety needs. People received medicines in the way prescribed, and there were checks in place to make sure people received the correct medicines.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had received training so they could care for people in the best way for them. People were supported to eat and drink enough so they remained well. People received care they had agreed to and processes were in place so people's rights were respected. Staff made sure people had access to health services where they needed them so their well-being was maintained.

### Is the service caring?

Good ●

The service was caring.

Staff took time to communicate with people in a way they understood. People's privacy was respected, their dignity maintained and people were treated with respect. People's preferences about how care was delivered was listened to and followed.

### Is the service responsive?

Good ●

The service was responsive.

Staff made sure they understood people's preferences and involved relatives in decisions about the best way to care for people. People's changing needs were recognised by staff and action was taken by staff to make sure people received the right care as their needs changed. Suggestions and concerns raised by relatives on behalf of people were listened to and the provider took action when any concerns had been identified or

suggestions made.

**Is the service well-led?**

**Good** ●

The service was well-led.

Checks on the quality of care were regularly undertaken by the registered manager. The registered manager made sure any actions required were undertaken to further improve the care people received. The provider also undertook checks to make sure people benefited from living in a well-led home.

# Pershore Short Term Breaks

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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 inspection took place on 8 and 9 December 2015 and was unannounced. The inspection team consisted of one inspector.

As part of the inspection we looked at information we held about the service provided at the home. This included statutory notifications. Statutory notifications include important events and occurrences which the provider is required to send us by law. We also looked at information the provider had returned to us. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

People staying at the home have complex health needs and it was not possible to ask people directly about all of their experiences of staying at the home. However, we met with two people who had stayed at the home during our inspection. One of the people told us about some of their experiences of staying at the home. We also met with a third person, who was due to stay at the home in the future. We also spoke with seven relatives as part of our inspection. We spoke with the registered manager, the deputy manager, one senior care staff member and six care staff. We spoke with Worcestershire County Council's Quality and Contract Team, who fund some of the accommodation and Healthwatch, to find out their views of the quality of care. Healthwatch is an independent consumer champion which promotes the views and experiences of people who use health and social care.

We looked at four records about people's care and how their medication was managed. We also looked at records and minutes of meetings with staff and surveys completed by relatives. We looked at records of complaints and how the registered manager had responded to these. We also saw the checks made by the registered manager before new staff started their employment at the home. We looked at quality assurance audits which were completed by the registered manager and checks that were undertaken by the provider.

# Is the service safe?

## Our findings

All the relatives we spoke with confirmed they were confident their family members were cared for in a way which kept them safe. One relative we spoke with said, "I have never had any concerns about [Person's name] being safe." Another relative told us how staff made sure the right equipment was in place so their family member would be safe. A further relative we spoke with told us, "[Person's name] is very vulnerable, but we have complete trust and confidence in the staff."

Staff recognised how important it was to relatives their family members were safe. One staff member told us, "People are happy to come here, and relatives are happy they are safe." All the staff we spoke with knew how to recognise abuse and knew what action to take if they had any concerns for people's safety. This included how to raise concerns with the registered manager or other professionals, so people would remain safe. Staff told us they discussed keeping people safe at shift handover and during team meetings. Staff also shared information with colleagues through a communication book, so people would be cared for in a way which helped them to remain safe. We saw staff used these ways to keep people safe.

Relatives we spoke with told us risks to their family member's well-being had been discussed when care plans had been first put in place. One relative told us they were regularly asked about risks their family member experienced. The relative told us staff took the risks into account when planning their family member's care, so any risks to their family member would be reduced. The relative described staff's approach to managing their family member's risks as "Detailed and comprehensive" and confirmed they had never needed to raise any concerns about their family member's safety at the home. Another relative we spoke with also told us, "We talked through the risks and I felt listened to. Staff take action if they need to." People's care records contained risk assessments which were regularly updated, so staff were aware how to care for people safely. Staff were knowledgeable about the risks to individual people, such as risks relating to people's skin, risks from isolation or anxiety and risk of falls. All the staff we spoke with were familiar with people's care plans and described how they used this knowledge to help people to remain safe. We saw records which showed staff took appropriate action to reduce the risks for one person where they had identified the person had developed scratches to their hands. The person's care plan reflected this was a risk for the person and provided instruction for staff to follow, so the risks for this person would be reduced.

The registered manager had put processes in place to promote keeping people safe. For example, the registered manager checked staff had appropriate clearances before they worked with people. This included getting a minimum of two references and clearance from The Disclosure and Barring Service, (DBS). We spoke with a member of staff who had recently been recruited. This member of staff confirmed they had undertaken training in protecting people from abuse and harm as part of their induction. The staff member told us they had found out about the safety needs of people living at the home as part of their induction process, too. We saw all of the staff had received training in protecting people from abuse and harm. Staff told us they had been made aware of the provider's policies relating to keeping people safe.

The registered manager confirmed there had not been any need to make any safeguarding referrals in the

last two years due to events in the home. The registered manager described how staff had worked with other professionals where the staff had identified concerns about the well-being of one person when they were away from the home, so the person's well-being and safety was promoted.

All the relatives we spoke with told us there was enough staff for people to be cared for in a safe way. One relative we spoke with told us the home was, "Always well-staffed, and the atmosphere is calm." Staff told us there was enough staff to keep people safe and well cared for. The registered manager told us how staffing levels were varied, depending on the care needs of people living at the home. For example, more staff were on shift if the number of people living at the home had complex needs, such as mobility needs or physical needs. Staff we spoke with confirmed this happened, so people would be cared for in a way which promoted people's safety. The registered manager also varied the number of staff available to care for people to reflect the busy times. Staff rotas we saw confirmed this happened. Times people were received into the home and times of departure had been adjusted, so people living at the home had enough staff available to support them in a safe way.

Relatives told us staff knew their family member's medication needs. One relative told us how changes in their family member's medication were shared with staff through visit forms. This relative went on to tell us staff had requested medication was sent in the original boxes, so staff could be sure it was in date and would be safe to use. Staff we spoke with knew people's individual medication needs, which were recorded on people's health and medication plans. Staff made sure people received their medication in the way they preferred and in a safe way for them, such as if they needed support to swallow their medication. Staff had received training in medication administration, and had been made aware of the possible side-effects of medication used. Staff were not allowed to give people medication unless they had been assessed to be competent to do so.

We saw systems were in place to promote the safe administration of medication. These included recording medicines received when people came to stay at the home, and checks to make sure the right amount of medication was returned when they left the home. We saw the registered manager had undertaken checks on the medication administered by staff, and where improvements were required appropriate action had been taken. For example, where the details supplied by the pharmacy were not clear these had been checked, so the risk of errors was reduced and people's safety was promoted. People's medication was safely stored in their rooms.

The registered manager checked incident, medication and abuse records and provided guidance to staff so people benefited from living in a home where actions were taken to promote their safety.



## Is the service effective?

### Our findings

All the relatives we spoke with told us staff had the right skills and training to care for their family members. One relative we spoke with told us they had confidence in the staff as they knew how to look after their family member well. One member of staff told us the training they had done had helped them do things in the right way and said people, "Are confident we know how to support them".

One member of staff we spoke with told us about their induction. The staff member told us they had worked with more experienced staff members until they felt confident they would be able to deliver care in the right way for people. The staff member told us, "We work well as a team, and we can go to seniors anytime, it's very supportive." Two of the relatives we spoke with knew new staff were supported in this way. We spoke with one senior member of staff about the training staff received. The senior member of staff explained they considered how effective the training was at supporting staff to give people the right care. For example, some senior staff had recently undertaken specialist training. Senior staff were considering if this training would help staff to care for people in the right way. Senior staff were reviewing the training so they could be sure staff were developed in the best way to meet people's care needs. All of the staff we spoke with told us they had regular training, so they would be able to deliver care in the right way for people. We saw staff had access to a wide range of training which related to the care and support needs of people using the home. The registered manager regularly reviewed the training staff had undertaken, so they could be sure staff had the right skills to care for people in an effective way.

All the staff we spoke with told us they felt supported by the registered manager and the rest of the staff team. Staff received regular one-to-one meetings and told us they could obtain guidance from senior staff at any time needed, so people would be cared for in an effective way. We saw the registered manager chatting to staff and offering support during our inspection.

Staff had received training in The Mental Capacity Act 2005. Staff we spoke with were clear people should not have their liberty unnecessarily restricted. 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 decision made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the staff were working within the principles of the MCA. The registered manager had taken into account the guiding principles of MCA when considering people's capacity to make specific decisions. The registered manager had considered if someone had the legal authority to make some decisions on behalf of a person living at the home. For example, if someone had Lasting Power of Attorney. The registered manager had also made sure that relatives were consulted and their views on the best way to care for their family members were considered. By doing this, people's rights were promoted and they received a consistent approach to the way care was delivered.

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. The application procedures for this in care homes and hospitals are

called the Deprivation of Liberty Safeguards (DoLS).

The registered manager had submitted applications to a 'supervisory body' for authority to deprive some people of their liberty. We saw the registered manager had completed both standard and emergency applications. They were awaiting the supervisory body's decision on the applications at the time of our inspection.

One relative we spoke with told us staff, "Always ask how [Person's name] can be cared for, they ask about their preferences". Another relative told us, "Staff always respect [Person's name] decisions, and know if they say, 'No', they mean 'No'." Staff told us they asked people for their consent before providing care. One staff member told us, "It's about talking to people, offering them choice, each person is different." This member of staff told us how it was important to look for the ways people communicated their consent. The staff member told us some people would confirm their consent through moving their eyes, to indicate their choice. The staff member told us other people would be able to communicate their agreement verbally. Another member of staff told us how they would offer choice through objects. For example, by showing people food packaging, so people would be able to make their own food choices and be in control of how their care was delivered.

Relatives we spoke with confirmed their family members received the right care to support them to eat and drink. One relative told us how they had spoken with staff about their family member's nutritional and fluid needs when they first started to stay at the home. This relative told us they worked with staff so they could show staff the best way to support their family member to eat and drink. The relative told us this had made them, "More confident about how [Person's name] gets the right food." Another relative we spoke with told us staff always made sure their family member had the right equipment so they could be as independent as possible when eating. This relative told us their family member, "Never comes home hungry." Two staff members we spoke with described how they encouraged people to eat and drink by offering choices, and trying new aids and equipment to promote their independence when eating and drinking. We saw staff shared information about people's food and fluid choices, so staff would be able to take action to care for people in a way which promoted their nutritional health.

Relatives confirmed changes in their family member's health were notified to them immediately in the case of serious concerns, such as if a person required hospital care. One relative we spoke with told us about a time when staff had cared for their family member when they became ill during a stay at the home. Staff had made sure their family member received the right care from health specialists, and supported them to go into hospital. The relative told us that staff had made sure they were kept up to date with changes in their family member's health. One relative told us how staff had cared for their family member by working effectively with their GP, so they were supported to maintain their health. A further relative told us how well staff had supported their family member when they had been unwell and followed agreed protocols, so they would recover as quickly as possible.

Staff we spoke with knew how to respond to people's individual health needs, and how to obtain guidance as people's needs changed, so their well-being was promoted. Two staff members explained how people's health needs were discussed at shift handover and team meetings. We saw this was the case, and staff took action to make sure people were cared for in the best way for them. We saw people had health plans, and people's health needs were regularly reviewed so people were benefiting from support and care to maintain their health.

## Is the service caring?

### Our findings

People we saw at the home smiled when staff were with them, and looked relaxed in the company of staff and the registered manager. We spoke with one person who was staying at the home, and they told us they enjoyed staying there. All the relatives we spoke with were positive about the relationships staff had developed with their family members. One relative told us, "Staff are very caring, they spend time with people and don't rush them, they are most approachable". Another relative told us the staff were caring and said, "Staff provide excellent care, I am so glad [Person's name] is there." The relative went on to tell us, "I am confident and comfortable with the staff." This relative told us their family member enjoyed staying at the home, and was always relaxed and, "Really happy" after a stay at Pershore Short Term Breaks. A further relative we spoke with told us, "We can go away without having to worry", as staff looked after their family member so well. All the relatives we spoke with told us staff listened to them and got to know their family members well by discussing their preferences and care needs. One relative we spoke with told us how staff involved their family member in ways which made them feel they mattered. This relative told us, "[Person's name] loves it here, she gets to do things she enjoys with staff, she has such a good time she comes back home tired and happy." All of the relatives we spoke with told us most of the staff had been at the home for a number of years. Relatives said this gave them reassurance their family members were being looked after by staff who had built up caring relationships with them over time.

Staff we spoke with told us how they got to know people through chatting with them and offering them choices so they could deliver care in the best way for them. Staff members also told us they began to get to know people by asking their relatives about their preferences and care needs. One member of staff told us how important it was to make sure people were given enough time to make their own choices, so they would get care in the best way for them. Another member of staff told us it was important to know how to care for people if they became anxious. This staff member explained how they cared for one person so their anxiety was reduced when they had mislaid items which were important to them. One staff member we spoke with told us, "It's about interaction, playing games over breakfast and engaging with people and having some banter, so people's faces light up." Another staff member said, "We work as a team and make sure people are relaxed, and often see (people) laughing."

Relatives told us staff made sure they were invited to tell staff about their family members' preferences through initial discussions and care plan reviews. In this way, relatives had the opportunity to support their family members to be involved in making decisions about their care. All the relatives we spoke with said if they had suggestions to make about the care their family members received they just had to speak with staff, and action would be taken. Three relatives we spoke with told us staff sent out review forms, which invited comments on the care which was planned for their family member. Relatives gave us examples where they had made suggestions about the care their family members received, and these had been listened to by staff. For example, one relative explained they had requested their family member only received personal care from a female member of staff. The relative told us this was acted on by staff, so their family member received care in the best way for them.

The registered manager told us they were introducing new ways for people and their relatives to be involved

in making decision about their family member's care. This included using coffee mornings, so people and relatives could meet with new staff members, and they could get to know each other. Relatives told us they valued the opportunity to meet with new staff, as it meant they would feel comfortable to discuss the care needs their relatives had.

People were treated with dignity and respect. All the relatives we spoke with told us staff made sure they cared for people in ways which promoted their dignity. One relative we spoke with told us how staff had worked with them to make sure their relative was treated in a dignified way at the end of their stay at the home. Another relative told us, "All the staff know [Person's name] and he knows all theirs. Staff always call him by his name." Two staff members told us what steps they took when people received personal care to make sure people were treated in a dignified way, and had privacy. Another member of staff we spoke with explained how staff worked with one person so their dignity and independence was promoted at mealtimes.

## Is the service responsive?

### Our findings

All the relatives we spoke with told us staff knew their family members well, and delivered care in the best way for them. One relative we spoke with told us this was because, "The staff continuity is very good." The positive impact of staff continuity was also mentioned by three other relatives, who told us staff had worked with their family members for a long time, and had got to know them well. One relative we spoke with told us how staff made sure their family member was able to take personal items which were important to them into the home. This relative told us their family member's, "Name is on the door, he takes his toy so he feels at home. Staff are fine about taking things from home. It's about the smell and comfort of home." We saw people's photographs and names were on their bedroom doors, and staff described how they supported people to personalise their rooms.

Staff knew about people's individual preferences and needs and responded to these. For example, staff considered how people's communication needs varied. Staff gave us examples where they used this knowledge so people were supported in ways which meant people were able to make their own decisions about the daily care they received. The registered manager and two staff told us how they had responded to the needs of one person who was new to the home. Discussions with the person's family indicated the person's anxiety about being away from home would be reduced if they had the opportunity to visit the home and meet with staff first. A series of visits during the day, building up to the person's first overnight stay at the home was arranged. The person's relative told us this had happened, and their family member experienced less anxiety as a result of the way they were introduced to the staff and environment. Four staff members told us they knew people well, as they had cared for them for a number of years. One staff member described how the support for one person took into account their cultural needs, by making sure appropriate food choices were made available. Two other staff members described how they responded to one person's changing needs by trying new equipment so the person's independence with eating would be promoted. Another staff member told us how they worked with a person with sensory care needs, so the person was able to know which staff were there to offer them care. The staff member told us, "This makes [Person's name] more relaxed."

All the relatives we spoke with told us they had been involved in their family member's initial assessment, and they had the opportunity to contribute to care plan reviews. Relatives were also able to communicate with staff through 'visit sheets', so any changes in people's preferences or needs were known by staff. Relatives told us they were confident staff took this information into account when their family members stayed at the home. Staff recognised the contribution people and their relatives made to identify the right care for people. One staff member told us, "Staff talk to people and their relatives during initial assessment, and later, so there is open communication and care plans are built correctly". Relatives told us they felt listened to, and staff took action so their family members received care in ways which meet their preferences and their needs were met. We saw individualised care plans were in place and these were regularly reviewed, so staff knew how to care for people in the best way for them and knew what type of things they enjoyed doing. Relatives told us staff knew about people's interests, and provided support to people so they would have the chance to do things which interested them. For example, some people liked to go for walks, or out for meals. Staff supported people to enjoy doing things which mattered to them.

Relatives told us staff let them know about the things people had done and enjoyed by sending information home with them.

Staff also knew how to respond to people's changing needs. One staff member told us how they supported one person so they did not become anxious. The staff member explained they were able to do this as they knew the type of things which could make the person anxious, such as an increase in noise. The staff member explained how they would offer choices to the person, so they would receive care in the right way for them. For example, offering to support the person in a quieter area of the home, so their anxiety was reduced.

We spoke with relatives about complaints. None of the relatives we spoke with had made any complaints about the care their family members received. We saw there had been one complaint made by a relative in 2015 and the registered manager had responded promptly to the complaint. The records showed the family member was satisfied with the way the registered manager had dealt with their complaint. We saw the registered manager had discussed the outcome of the complaint with staff so lessons would be learnt.

## Is the service well-led?

### Our findings

All the relatives we spoke with told us the service was well managed, and the registered manager was approachable and open. One relative told us they could ring the registered manager whenever they wanted to discuss the care their family member received. This relative went on to tell us, "I have a good rapport with [registered manager's name]. He always addresses any comments I have straight away." Another relative told us, "I feel the home is well run, [the registered manager] and staff make it feel homely." A further relative told us, "It's professional care, but it's managed in a way that gives a loving, helpful feeling." Three relatives told us the communication with the home's management team was good. One relative told us, "We are impressed with the [registered] manager and staff, as they always keep us informed." This relative went on to tell us, "If there are any problems, [the registered manager] will find the solution, and look at how to get the best for [Person's name]. It's caring and well managed." We saw the registered manager chatting in a relaxed way with people, who smiled when he was talking with them about how they were planning to spend their day.

Relatives we spoke with told us they were comfortable to discuss any particular needs their family members had and told us the registered manager was open with them. For example, if there were any changes in the way the home had to operate, or changes in the way care needed to be given, so people's changing needs would be met. We also saw the registered manager had involved other agencies to check staff were providing care in the way people needed. This included the registered manager requesting an external review of how medication was managed, so any changes required to further develop staff practice would be identified. We saw the registered manager had discussed the outcomes of the review with staff and was taking appropriate actions so people's safety would continue to be promoted.

The registered manager had used surveys so they could find out about people's experience of staying at the home and to gain relatives' views about the way the home was managed. We saw the registered manager had checked the feedback from previous surveys and put action plans in place so the care people received would be further developed. We saw the provider checked actions identified had been done, so people would benefit from staying in a home where the registered manager took into account people and relatives suggestions for development. More recently, the registered manager had decided to offer people and relatives the opportunity to provide feedback on the care through coffee mornings. We saw the registered manager offered support to relatives so they could attend the coffee mornings, as the registered manager and staff valued people and relatives' feedback. The provider also attended the coffee morning which took place during our inspection, so they could meet with people and find out about their suggestions for developing the care. Relatives also told us people were part of interviewing processes for new staff. Discussion with staff and the records we saw confirmed this was the case.

The registered manager told us about the regular checks they undertook. We saw the registered manager and provider undertook checks to make sure people were receiving the care they needed in the best way for them. This included considering if the services people received from staff continued to meet the care and welfare needs of people staying at the home. We also saw the registered manager checked people and staff had access to the right equipment to promote their health. Checks were also undertaken by the registered

manager to make sure the environment was pleasant and safe to stay in.

Staff told us they felt supported and were empowered to make suggestions to improve the care for people staying at the home. One staff member told us, "It's well run. We have team meetings, and there is space and time to talk about any concerns we have." A senior member of staff told us the registered manager would take into account feedback from staff. For example, three staff told us they had been supported by the registered manager to try new methods for caring for people, so their independence was maintained. Another staff member told us, "We are encouraged to think about the way we do things, so that people get the right care. Anyone can notice and make suggestions so people get better care."