Derbyshire County Council

High Peak Short Break Service

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
High Peak Short Break Service provides accommodation and personal care for short periods for adults with a learning disability who normally live in their own homes. Some people receiving care also have physical disabilities and mobility difficulties. The service provides care for a maximum of three people at a time and is based in the village of Hadfield in the High Peak area of Derbyshire.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's experience of using this service and what we found
People told us they felt safe whilst being cared for at High Peak Short Break Service. Systems were in place to safeguard people from abuse and staff knew their responsibilities in keeping people from harm. There were enough staff to meet people's needs and the same staff supported people which ensured continuity of care. Risks to people were assessed and managed. Medicines were managed safely where minor recording issues were noted; these were dealt with promptly. Systems were in place to reduce the risk of the spread of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People communicated positive feedback about the service and staff. Health professionals feedback demonstrated a responsive service. Staff were attentive to people's needs and knew individuals well. Staff spoke passionately about the people they supported and worked to uphold their rights. The service achieved positive outcomes for people through attentive care, understanding and responsiveness to the needs people communicated to them.

People had a positive experience whilst staying at High Peak and were comfortable in the company of staff who supported them. Staff knew people well and consistently interacted with people in a person-centred way. Staff understood how to provide care which promoted people's privacy, dignity and independence.

People, relatives and staff provided good feedback about the management of the service. They were confident that concerns were dealt with and resolved to their satisfaction. Staff told us the registered manager supported them at all times and had an 'open-door' policy.

People were asked their opinions on the service by attending meetings and completing surveys, suggestions had been acted upon. There was an open and transparent culture within the service. There were effective quality assurance systems in place to assess, monitor and improve the quality and safety of the service provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The last rating for this service was good (published 3 November 2016).

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

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

High Peak Short Break Service

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of one inspector.

Service and service type
High Peak Short Break Service is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was announced. The provider was given 48 hours' notice because the location provides is a short break service and we needed to be sure that someone would be at the service.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We met two people who were staying at the home. We spoke with four relatives and one healthcare professional about their experience of the care provided. We also spoke with eight members of staff including the registered manager, the unit manager, the deputy unit manager, a senior support worker and support workers.

We reviewed a range of records. This included two people's care records and their medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- One person told us they felt safe when they were staying at High Peak. Relatives told us they had no concerns about the safety of their family member. One relative told us, "This is the only place I've ever trusted. I feel [name] is very safe here."
- Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.
- The management team understood their legal responsibilities to protect people and share important information with the local authority and CQC. Notifications about specific events had been sent as required.

Assessing risk, safety monitoring and management

- Individual risks were assessed and identified as part of the support and care planning process.
- Accidents and incidents were monitored monthly by the registered manager to ensure any triggers or trends were identified. Where necessary, appropriate referrals were made to healthcare professionals.
- Risk assessments covered areas such as behaviours, taking medicines and going out. The risk assessments provided very clear descriptions of people's needs and how staff should provide support to reduce risks.

Staffing and recruitment

- There were enough skilled and experienced staff to meet people's care needs.
- We saw when people needed support or assistance in relation to personal care from staff there was always a member of staff available to give this support.
- The registered provider undertook background checks of potential staff to assure themselves of the suitability of staff to work at the home. New staff worked with experienced staff to understand people's individual needs.

Using medicines safely

- Medicines were stored and administered safely. People received medication as prescribed.
- Staff had received medicines training and knew how to manage them safely. Staff's competency in medicine administration was checked regularly.
- Daily, monthly and six-monthly checks were carried out to make sure people received their medicines and medication administration records had been correctly completed.

Preventing and controlling infection

- The home was clean, tidy and odour free.
- Cleaning schedules were in place to ensure rooms were thoroughly cleaned and sanitized before the next

person came for their stay.
● Staff received infection control training and food hygiene training and followed infection control procedures by wearing appropriate protective clothing.

Learning lessons when things go wrong
● Injuries, diseases, dangerous occurrences and near misses' reports were monitored by the management team and senior managers to determine if there were any lessons to be learned.
● We saw evidence of reflective practice supervisions completed with staff following incidents, concerns and near misses. These were used as an opportunity to improve practice and reduce the risk of future errors.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Prior to people using the service, the management team undertook a needs assessment. This was done in consultation with people, advocates and family members. This assessment was used to determine if the service could meet the person's needs and to inform their care plan.
- Assessments identified people's care needs and provided staff with guidance on how to meet these needs in line with best practice guidance and people's preferences. For example, where people required specialised diets or alternative methods of communication. Good communication between management and care staff meant people's needs were well known and understood within the team.
- Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs so these could be met. The provider had policies in place to ensure they protected people's, and staff's rights, regarding equality and diversity.

Staff support: induction, training, skills and experience

- Staff had a programme of training and were trained to care and support people who used the service safely.
- Staff received regular training and supervisions to enable them to fulfil their role. Systems were in place to monitor when staff required refresher training.
- There was no formalised appraisal process in place. The registered manager said the providers appraisal format was not suited to this service and they were therefore looking for a more suitable arrangement to provide staff with a meaningful appraisal.
- Staff told us they felt very well supported by the management team and could approach them at any time for guidance and advice.

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

- People were supported with their dietary requirements. Their support plans were clear about what they liked and didn't like and included guidance about any special dietary requirements.
- Staff identified any changes in people's nutritional intake. Processes were in place to ensure where issues were identified people were regularly monitored and advice from health professionals was sought when needed.

Staff working with other agencies to provide consistent, effective, timely care

- Profiles were in place which summarised people's likes, preferences and things that were important to them. This information was shared during transitions into the home and enabled a consistent approach to be adopted for people.

● The management team and staff requested guidance and advice where appropriate, for example, speech and language therapists and behaviour support team.

Adapting service, design, decoration to meet people's needs
● People were supported when needed to access all areas of the home. The environment was welcoming, with plenty of space for wheelchair access and quiet areas should people wish to have a little more privacy.
●The home is a small domestic type house. Two bedrooms were available on the ground floor for people who used a wheelchair. Another two bedrooms were upstairs. People were able to choose which room they wanted to stay in and rooms were decorated in different colours to make them easily recognisable.

Supporting people to live healthier lives, access healthcare services and support
● When people were at risk, professional advice was obtained, and the relevant advice sought.
● The managers and staff regularly liaised with the parents and guardians of the people who used the service. This ensured they were kept up to date with any issues or changes to a person's health in between their visits to the home.
● Relatives told us staff identified problems promptly because they knew the people well who stayed at High Peak.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● Staff understood the importance of the MCA in protecting people and the importance of involving people in making decisions.
● Staff involved people and their relatives in making decisions about their care, staff ensured these were in people's best interests and recorded the outcomes.
● Staff understood the importance of gaining people's consent and explaining what was happening. For example, before supporting them with personal care.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were very happy with the care and support they received, and their needs had been met. One person told us, "The staff are excellent."
- Relatives could not praise the service more highly. Their comments included, "This service is a life saver for us. I don't know what we would do without them," "When [name] is staying there I think about her but don't worry about her, and there's a big difference. I am so grateful to the lovely staff for the good work they do," and "The care is spot-on. [Name] is wonderfully looked after and loves to go."
- People's equality, diversity and human rights had been considered and upheld. Staff had completed training around ensuring non-discriminatory practice. One staff member told us, "This was really useful and has made me think a lot more about people's human rights and how we all have a responsibility in making sure we think about this in our day to day work and life."
- Staff consistently interacted with people in a person-centred way. For example, staff knew the different communication methods that were appropriate for each person.

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

- Staff were able to explain to us how people communicated their needs and told us they ensured new staff learnt people's communication methods.
- We saw staff understood the individual way one person communicated and knew how to meet their needs. This meant staff were able to respond appropriately.
- Staff were seen talking to people about their day and what their plans were. People had daily programmes showing what they had decided to do that day. Staff encouraged people to be involved in deciding what they would like to do and chose what they wanted to wear.

Respecting and promoting people's privacy, dignity and independence

- Our observations confirmed staff had a good understanding of people's care and support needs and knew people well.
- We found staff spoke to people with warmth and respect, and staff considered people's privacy and dignity. One person told us, "The staff are all lovely."
- Management and staff worked hard to support people transitioning into the service and then back home again following their stay. Staff supported relatives through this process and communicated updates regularly. Health professionals told us the service communicated extremely well with them to ensure people's needs were appropriately assessed and met.
- A staff member was the 'dignity champion.' Their role was to cascade their knowledge of the latest best

practice and guidance to all other staff.

● The service had recently renewed their 'Dignity Campaign Award.' They had to answer questions and provide evidence, with examples showing how they promoted peoples' dignity. The unit manager told us they had completed the first level and had been encouraged to complete the higher award, which they are considering.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's health, care and support needs were assessed and reviewed at the beginning of each respite stay.
- Care records had been completed with the help of relatives or representatives to include; life histories and the things that were important to people.
- A relative told us, "[Name] is happy when going into the home. It took a lot for me to let [name] go there but it's been the best thing ever. [Name] loves going and the staff are excellent in dealing with [name's] complex needs."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had communication care plans to instruct staff on how best to communicate with them.
- Where people had specific disabilities that affected their communication, the provider used a range of techniques to communicate with people such as large print, white boards and pictures.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to engage in activities outside the home to ensure they were part of the local community during their stay.
- One person told us, "I'm going out today. I go out most days, I'm busy."
- People's support plans contained details of activities people liked to participate in or outings they enjoyed.
- We saw people being supported to enjoy activities they enjoyed and were important to them. There was lots of laughter and positive interactions between people and their support staff.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure which was on display around the home. This was available in an easy to read format, with large font and colourful pictures.
- The manager told us they had received no formal complaints since our last inspection but had dealt with some minor concerns that had been resolved.

● People and relatives, we spoke with had no complaints or concerns about the service. One relative said, "I couldn't complain about anything, the service is excellent."

End of life care and support

● As the service provided respite care staff would not normally care for people at the end of their life. The unit manager told us if they were required to do this the provider had an end of life training programme which staff would complete.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management and staff promoted a positive culture within the service. Staff knew people well and supported them to communicate and express their needs. This led to an inclusive approach which empowered people to achieve a good quality of life.
- The unit manager was visible and available to speak with staff when they needed additional support or advice. Comments from staff included; "Most staff have worked here a long time and that's because it's a great place to work," and "We work well together as a team and support everyone, including families."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- In the event of accident, incident or untoward event, the management team were open and transparent in informing relatives in a timely way.
- Relatives told us they were kept fully informed and were in regular contact with key staff at the service. One relative told us, "Communication between us is very good. We can contact them at any time and they let us know immediately if there are any concerns."

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

- There were systems in place for monitoring quality which were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.
- The registered manager understood their legal responsibilities. They were well supported by a unit manager.
- The management team were open and transparent during the inspection process. They shared areas where they wanted to improve and their vision for the future.

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

- People and their relatives were supported to provide feedback through informal discussions, meetings and surveys. These had been analysed to look at where improvements could be made.
- Staff meetings were held to ensure good communication and sharing of information. The meetings also gave staff opportunity to raise any issues.

Continuous learning and improving care Working in partnership with others

● The provider's representatives, registered manager, unit manager and staff team and carried out checks and audits of all areas of the service. They identified areas to develop and improve.

● The unit manager was able to tell us about incidents that had required them to reflect upon their practices and make improvements.

● The management and staff team worked positively with key organisations to benefit people using the service and improve service development.