

Lancashire County Council

Preston Short Break Services

Inspection report

50 Larches Avenue
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Website: www.lancashire.gov.uk

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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

This inspection visit took place on 15 August 2017 and was announced to assist us speaking with people who used the service and their representatives.

Preston Short Break Services can accommodate up to six people with a learning disability and/or a physical disability at any time for a short stay. Showers, bathrooms and four of the bedrooms are designed to meet the needs of people with a physical disability, having specific equipment and overhead tracking. As well as the main kitchen, lounge, dining area and conservatory, there is an area which includes a smaller kitchen with a lounge and dining area, that can be separated from the main part of the building should this better meet people's needs.

At the last comprehensive inspection on 25 November 2014 the service was rated overall as good.

At this inspection we found the service remained good.

At this inspection visit there were six people staying at the service. Approximately 60 people used the service for short stays throughout the year. There have been occasions where people have stayed for an extended period of time which had reduced the capacity of the service for short stays and had caused some short stays to be cancelled by the service.

As part of the inspection we spoke with seven people who had short stays at Preston Short Break Services and twelve relatives.

People told us staff were caring and helpful. They said they felt safe at Preston Short Break Services and enjoyed going there.

There were procedures in place to protect people from abuse and unsafe care. Staff were familiar with these and had received training in safeguarding adults. We saw risk assessments were in place which provided guidance for staff. These measures minimised risks to people.

Recruitment was safe. There were sufficient staff available to provide people with personal care and social and leisure activities.

Staff received training to support and care for people. They had the skills, knowledge and experience to provide safe and effective support.

Staff managed medicines safely. Medicines were stored securely, administered as prescribed and disposed of appropriately.

The service was clean and hygienic and staff used appropriate protective clothing to reduce the risk of

infection to people.

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

People told us they were happy with the variety and choice of meals available to them. Staff knew people's food likes, dislikes and any health or cultural requirements people had.

Care plans were personalised detailing how people wished to be supported. Their consent and agreement had been sought before providing care.

People who received support or where appropriate their representatives had been involved in making decisions about their care. Where people were unable to make their own decisions independent advocates were available.

People knew how to raise a concern or to make a complaint. The complaints procedure was available in text and easy read formats. People said they were encouraged to raise any concerns.

Senior staff monitored the support staff provided to people. Audits of care and support records and risk assessments were carried out regularly. People were encouraged to give their views informally. They and where appropriate their relatives were invited to complete surveys about the quality of their 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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service was responsive.

Staff promoted people's wellbeing and encouraged them to enjoy their stay. There were activities arranged to interest people and encourage interaction.

Care plans were personalised, involved people and where appropriate, their relatives and were regularly reviewed.

People were aware of how to complain if they needed to. They said any comments or complaints were listened to and action taken promptly.

Is the service well-led?

Good ●

The service remains good.

Preston Short Break Services

Detailed findings

Background to this inspection

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

This inspection visit took place on 15 August 2017 and was announced. The provider was given 24 hours' notice of the inspection visit. This was to enable us to speak with people who used the service for short stays and their relatives but were not staying at the service when we inspected.

The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience for Preston short break services had experience of services for people with learning disabilities.

Before our inspection on 15 August 2017 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We checked to see if any information concerning the care and welfare of people who were supported had been received.

Some people at Preston Short Break Services had limited verbal communication and were unable to converse with us. However we spoke with seven people who used Preston Short Break services and twelve relatives. We observed staff interactions with people who used the service. We also spoke with the registered manager and five staff members. Prior to our inspection visit we contacted the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service. They had no concerns about the service and were satisfied with the care provided.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked around the building to ensure it was clean, hygienic and a safe place for people to stay. We looked at care and medicine records of five people and arrangements for meals. We looked at staff rotas to check staffing levels, looked at staff recruitment, and training records and records related to the management of the service. This helped us to gain a balanced overview of what people experienced whilst they used the service.

Is the service safe?

Our findings

People who spoke with us said they felt safe at Preston Short Break Services and liked the staff who supported them. They said the care they received was good and they enjoyed staying there. One person said, "All the staff are wonderful and I always feel safe with them. It's fantastic, like a second home." A relative said, "Safe -yeah 100%. I know that [family member's] looked after and cared for properly." Another relative told us, "[Family member] is safe, fine. It is spot on. The staff are really good." A temporary member of staff said, "The staff here are very caring of the guests and each other."

The service had procedures to minimise the risk of unsafe care or abuse. Staff were knowledgeable about the actions they needed to take and had received training on safeguarding vulnerable people. Risk assessments were in place to identify the potential risk of accidents and harm to staff and the people in their care. These were clear and informative and provided guidance to staff. A relative told us, "Staff did a risk assessment during the initial assessment and they check-up on everything when they ring."

People brought their own medicines into the service for their short stay. There were clear guidelines for how medicines had to be packaged so instructions were clearly labelled and in the original packaging. Staff checked that these were correct on admission and ensured that any incorrect packaging was remedied.

People said staff supported them with their medicines safely. Their care and support records identified the support they provided. Records showed staff received medicines training and competency checks to ensure they administered medicines safely. Staff spoken with confirmed this. Medicines audits had been regularly carried out and action taken, if needed, to ensure safe management of medicines.

We looked at records of accidents and incidents. Staff had recorded information about these and checked for triggers to, or patterns in these. This helped staff review where risks could be reduced while still supporting people to be independent.

We saw recruitment was safe and robust with appropriate checks made. People able to speak with us and relatives told us there were enough staff to provide personal care and social and leisure activities. Staffing levels were sufficient during the inspection. The registered manager monitored staffing levels to ensure sufficient staff were available to provide the support people needed. These changed depending on the number of and needs of people. One relative said, "There are always enough staff."

Staff said although there had been staff vacancies they had 'borrowed' a member of staff from a sister service and this had reduced the problem. Staff told us they had enough time to support people without rushing and to support people on activities. A member of staff said, "Even where we have been a bit short of staff there have always been safe staffing levels."

We looked around the service and found it was clean and hygienic. Staff used personal protective clothing such as disposable gloves and aprons and good infection control when carrying out personal care. This reduced the risk of cross infection. We saw the environment and equipment were maintained and repairs

carried out promptly.

Is the service effective?

Our findings

A number of relatives expressed concern over their family members' short stays being cancelled. There have been occasions where people have stayed for an extended period of time which had reduced the capacity of the service for short stays. Individuals on a lengthy stay had a frequently changing group of people in the service on short stay visits which could upset or unsettle them. Staff had tried to reduce the effects of this.

People told us they were able to choose the food they wanted and had choices of different meals at each mealtime. We saw a thank you note from one person. This said, 'Just want to say thank you for looking after me and cooking my meals. They were delicious.' A relative told us their family member said they were always offered meals they had chosen.

Staff recorded the meals and drinks each person chose and how much they ate and drank. We saw care plans described people's health and cultural nutritional needs and food. All staff were involved in food preparation and cooking and knew each person's likes and dislikes. This knowledge helped them to provide meals that each person enjoyed.

Staff said they had received training in food safety and were aware of safe food handling practices. Training records seen confirmed this. Preston Short Break Services had been awarded a rating of five, the top rating following their last inspection by the 'Food Standards Agency'.

We saw staff monitored people's health and kept people's family informed of any health issues. They supported people to attend healthcare appointments where needed. One person had health needs that meant emergency assistance was sometimes needed. Their relative told us they were reassured by the staff team as they knew what to do if an emergency arose. They added, "Staff will ring 999 if needed and also let us know."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff demonstrated an understanding of the legislation as laid down by the MCA.

Discussions were on-going with the local authority regarding DoLS and people on short stay. Where appropriate DoLS applications had been made. Records were in place to indicate that people consented to their care. Care plans included information in relation to the level of the person's capacity and staff had followed the correct processes to ensure people's legal rights were protected.

The core staff were established and trained and had a good understanding of people's needs. We looked at training records and certificates and spoke with staff. All staff were working towards or had achieved national qualifications in care. Records seen and staff spoken with confirmed they received regular training, supervision and appraisal of their performance.

People were positive about staff skills and knowledge. They told us the staff team had training and knew what they were doing. A relative told us, "We know the staff are competent and they have had moving and handling training as well as for [family member's] specialist care." Another relative said, "The staff are definitely skilled up."

We looked at the building and found it was appropriate for the care and support provided. We saw that the interior decoration was clean, comfortable and maintained. One family felt the service had been unclean on occasions but had improved on the last visit. Other people we spoke with told us the service was always clean and hygienic. This reflected our experience on the inspection visit.

We saw that the building had been purpose built to meet the needs of people with disabilities such as ceiling track hoists and specialist baths and showers. Fixtures and fittings in communal rooms were domestic in character, comfortable and homely. People who used the service and staff told us the building was getting 'tired'. The registered manager told us the building was being redecorated soon after the inspection as well as new carpets, curtains and furniture purchased.

Is the service caring?

Our findings

People we spoke with told us staff were caring, helpful and kind. One person said, "Thank you for taking such good care of me at every visit. I miss you and all the fun we have." Another person told us, "I would recommend here to anyone." A relative said, "The staff are very welcoming [Family member] enjoys it. Everything's good they take them out. [Name] has a laugh with them and comes home happy."

We observed how staff supported people. We saw staff were friendly, proactive and interacted frequently with people. We saw people smiling and laughing when they were talking with staff. One person told us, "My key worker is really good. I couldn't ask for a better one. [Name] works hard and is kind and caring." Another person said, "I like the staff. It's like a home from home." A relative told us, "The staff are caring and kind, they make sure [family member] has got what they need and is comfy."

Staff had a good understanding of protecting and respecting people's human rights. They knew how people wanted their care provided and their needs and preferences. They took people's individual interests and links with different communities into account when planning activities. They knew and met people's diverse personal, cultural, spiritual and other diverse needs and treated people with respect and sensitivity.

People looked cared for. They dressed appropriately to their personality and individual choice and were well groomed. We saw staff respected people's privacy and dignity. They knocked and waited before entering people's bedroom. One person told us, "They stay with me when I have a shower. They stay in my bedroom respecting my privacy and dignity. I shut the door. They always knock on the door."

We looked at three people's care records. Care plans were personalised and easily accessible to people. People said they were involved in choosing the things they wanted to do and this was in their care plans.

Before our inspection visit we contacted external agencies about the service. They included health and social care professionals. They had no concerns about the service and were satisfied with the care provided.

Is the service responsive?

Our findings

People told us they received good care that met their needs and wishes, provided meaningful activities and helped them with independence. One person said, "We go out a lot. I like that." A relative told us, "Encouraging independence - that's something they are really good at doing – a big, big plus for that." Another relative said, "Staff are very helpful and flexible."

We saw people going out on different activities with staff support as well as involved in activities indoors. People told us they enjoyed their stays at Preston Short Break Services and enjoyed a variety of activities of their choosing. They said they were able to choose when to get up and go to bed, their meals and the activities they wanted to be involved in. One person told us, "I do crafts and go out shopping for them. We go out for drives and have dinner."

We saw where people were able, they were involved in developing and reviewing care plans. Where they were not able to do so, relatives or advocates were involved. People and their representatives told us the person's care and support needs had been assessed before they began using the service. One person said, "A lady came to the house and went through everything. A relative commented, "They assessed [family member's] needs initially and check up on any changes often." Another relative told us, "[Family member] has had an assessment and was fully involved and had the opportunity to ask questions."

We looked at five people's care and support records. These were personalised and had been agreed with individuals and their relatives where appropriate. People's preferences, routines, likes, dislikes and the way they wanted to spend their time were recorded. They were reviewed and updated before each stay and during as needed and gave staff guidance in the way people wanted to be supported.

People told us they were involved in planning their care. One person said, "We had a talk about my care at first then every so often we talk again." A relative said, "They have diary sheets, so we know where [family member] has been and what they have been doing." We saw a note which said, "Would like having a bath in the Jacuzzi added to my care plan." A member of staff told us the care was much more person centred than at their previous place of work and it made the job very satisfying.

We looked at the complaints information which was in text and in easy read versions to help people understand what to do. People told us they knew how to make a complaint if they were unhappy with their care or had concerns. They said they knew their concerns would be dealt with. People said staff listened to them and responded quickly to any issues, records of actions from concerns. One person said, "I'd talk to the manager but there's never any problems really." One person told us their room was not clean or ready for them on a previous visit. They said the issues were dealt with and had not happened again. The person told us, "I mentioned it to the manager and next time everything was in place." Other people said they were pleased with the care. A relative told us, "If I had any complaints I'd talk to them and they'd sort it."

The service worked in partnership with the person, their families and other organisations involved in their care to make sure they were providing care that met people's needs and was safe. A relative said, "They ring

me about any health issues or changes and keep me up to date."

Is the service well-led?

Our findings

There was a registered manager in place. 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.

People told us the service was well led and the management and staff team were approachable, interested and willing to listen. People who used the service and their relatives told us the management team and staff had regular 'chats' before and after each stay. This was in addition to more formal meetings with them to seek their views and discuss any possible changes they wanted. We saw people approached the registered manager in a relaxed, friendly manner and said they were approachable and listened to them. One person said, "The manager is easy to talk to." A relative commented, "The managers there are fine. No problems with speaking to them."

The registered manager who worked between Preston Short Breaks Services and a sister service told us they made themselves available to speak with people. We found they had sought the views of people about their care and the service provided by a variety of methods. These included phone calls before and after visits and surveys for people who used the service, relatives and the staff team which we looked at. These were almost all very positive. Comments from people included, "The whole set up is good it's so welcoming." And, "It is easy to have a catch up about things." Several people said they had not received surveys recently. The registered manager told us a batch of these was due to be sent out soon.

The service had a clear management structure in place. The management team showed good leadership and encouraged staff to develop skills and knowledge. They demonstrated they understood their roles and responsibilities and legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations.

All record systems relevant to the running of the service were well organised and reviewed regularly. People's care records were securely stored. Systems were in place to effectively govern, assess and monitor the quality of the service and the staff. We looked at audits carried out by the management team. These were frequent and wide ranging including among others, the environment, infection control, health and safety, care plans, medication and activities. The outcome of audits and checks were documented and any issues found on audits were acted upon promptly.

We saw the management team supervised, supported and encouraged staff to develop their skills and knowledge and provide care in the way people wanted. Staff meetings and supervisions were held to involve and consult staff. Staff told us they were able to discuss their views and ideas about care practice and development of the service through team meetings, and supervisions. Staff said they found the management team approachable and willing to listen. A member of staff commented, "The manager is fantastic an amazing manager."

The service had on display in the reception area of their premises their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.