Support for Living Limited

Star Road Respite Service

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 took place on 30 and 31January 2016 and was unannounced. The service was last inspected on 8, 10 and 11 August 2014 and at the time was found to be meeting the regulations we looked at.

There was a registered manager at the service 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.

Star Road Respite Services provides short-term accommodation and personal care for up to seven adults with physical and learning disabilities in order to give their carers a break from their caring responsibilities. There were six people using the service at the time of our inspection. People were able to use the service for tea visits, day and overnight stays which also included weekends.

The service followed correct procedures with regards to administration and recording of regular medicines.

The service protected people from harm and abuse. Staff had good understanding of safeguarding procedures and family members told us they thought their relatives were safe at the service.

The service regularly assessed and reviewed risks to people's health, wellbeing and welfare and had procedures in place to identify and manage these risks.

The service had various systems in place to ensure people lived in a safe environment.

The service had recruitment procedures to ensure only suitable staff were appointed to work with people who used the service. The service had sufficient staffing levels to meet people's needs.

Staff had the knowledge and skills they needed to carry out their roles and responsibilities. Staff undertook regular training to be able to understand and respond to the complex needs of people using the respite service. Staff received effective support in the form of regular one to one supervision, and yearly appraisals of their practice.

The service was working within the principles of the Mental Capacity Act 2005 (MCA), and conditions on authorisations to deprive a person of their liberty were being met.

People received care that was person centred and reflected their care needs and individual preferences.

Staff supported people to maintain a balanced diet that reflected their nutrition needs as well as cultural and religious preferences.

People were supported to maintain good health and they had access to healthcare services. The service worked closely with other healthcare professionals involved in each individual person's care to ensure their needs were being met.

People received care that was compassionate and caring. Family members told us they were happy with how the service supported their relatives.

Staff promoted people's independence and encouraged the promotion of people's individulaity . People were encouraged to engage in daily tasks and experience new activities outside the service.

Staff respected people's dignity and privacy when providing personal care.

People using the service had access to a variety of activities at the service and in the local community.

The provider had a complaints procedure which was available in a pictorial format. Family members were encouraged to give their feedback about the care provided by the service via compliments and complaints cards and in three-monthly coffee mornings.

The service promoted a culture of ongoing and transparent communication about different aspects of service delivery. The registered manager promptly addressed any gaps in staff knowledge and performance.

The service had internal auditing and monitoring processes in place to assess and monitor the quality of service provided.

The service worked closely with a range of external healthcare professionals to ensure high quality care provision and promote a multi-disciplinary approach to supporting people they cared for.

We have made one recommendation about the management of medicines in care homes.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe as there were no protocols in place guiding staff on how to administer PRN medicines.

People were protected from harm and abuse and family members told us they felt their relatives were safe at the service.

The service regularly assessed and reviewed risks to people's health, wellbeing and welfare and had procedures in place to identify and manage these risks.

The service had recruitment procedures to ensure only suitable staff were appointed to work with people who used the service.

There were sufficient staff to meet people's identified needs.

Is the service effective?

Good

The service was effective.

Staff received training and support they needed to meet people's complex needs.

Staff understood the legal requirements of the Mental Capacity Act 2005 (MCA) in relation to consent to care and treatment and supported people in making decisions about everyday tasks.

The service supported people to eat well and ensured their individual nutrition needs and preferences were met.

Staff supported people to maintain good health and have access to healthcare services.

Is the service caring?

Good

The service was caring.

Staff treated people with compassion and kindness.

People were encouraged to be independent and express their individuality.

Staff respected people's privacy and dignity when giving personal care.

Is the service responsive?

Good

The service was responsive.

The service had assessed people's support needs and their personal preferences prior to them beginning to use the service.

People had care plans that were comprehensive and person centred.

People had access to a variety of activities at the service and in the local community.

The provider had a complaints procedure that was available in a pictorial form.

Family members were encouraged to give their feedback about the care offered to their relatives.

Is the service well-led?

Good

The service was well led.

The service promoted a culture of transparent communication within the staff team.

The registered manager addressed any gaps in staff practice in a timely manner.

The service had internal auditing and monitoring processes in place to assess and monitor the quality of service provided.

The service received positive feedback from external health professionals.

Star Road Respite 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 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 took place on 30 and 31 January 2016 and was unannounced. It was carried out by a single inspector. We looked at notifications received and reviewed any other information we held prior to our visit.

During our visit, the majority of the people using the service were unable to share their experiences with us due to their complex needs. So, in order to understand their experiences of using the service, we observed how they received care and support from staff. To do this we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We met all the people at the service, spoke with the registered manager and four staff members. We looked at records, which included four people's care records, personnel records for three members of staff, training information, and other records relating to the management of the service.

During and after the visit we spoke with five relatives of people using the service and asked them for their views and experiences of the service.

After the visit we spoke with three external professionals and asked for their experiences of working with the service.

Requires Improvement

Is the service safe?

Our findings

We looked at the way the service had managed medicines administration and we saw that some improvements needed to be made with regards to management of PRN (as required) medicines.

Staff members knew people who used the service and understood when they needed PRN medicines. This information was recorded in people's care plans. However, there were no PRN protocols in place providing staff with guidance on why these medicines had been prescribed, when it should be administered and what the prescribed dosage was. We saw an example of two Medicine Administration Records (MAR) for one individual who was in receipt of a PRN medicine. Only one of these charts consisted of guidance on how and when it should be given to the person. This meant the information was not always easily available to staff. Where staff administered PRN medicines they had not made a record of what was the reason for administration and how much of the medicine they had administered. PRN medicines were not counted following each administration and the results were not recorded on MAR charts. We saw that PRN administration was recorded on the service's daily handover sheets, however, it was not clear to whom the medicines had been administered. This evidence showed that the service did not have a clear procedure on how to record PRN medicines administration.

We recommend that the service considers current guidance on managing medicines in care homes.

We also saw examples of good medicines management at the service. All regular medicines administration was recorded on MAR charts, therefore, it was clear when medicines were administered and by which staff member. We observed that two staff members carried out and signed daily medicines counts. We saw records which detailed the quantity of medicines received in the service when a person started their respite and the medicines that were returned with the person at the end of their stay. The registered manager provided us with a copy of daily, weekly and monthly medicines audits which were used to identify and address any issues with medicines administration.

People were protected from harm and abuse. Family members told us they thought their relatives were safe at the service. One family member said, "My relative is safe here, I don't have any concerns" A second relative stated, "My relative is safe here, they would let me know straight away. In case of an incident or a concern we deal with it straight away." We observed that people appeared to be comfortable and relaxed in the company of staff.

Staff had a good understanding of safeguarding procedures and were able to demonstrate how to keep people safe from the risk of abuse. They explained to us the signs of abuse and what actions they would take if they thought somebody was at risk. They were aware of the provider's safeguarding and whistleblowing policy and knew they could contact other organisations if they had concerns. One staff member said, "If I had any concern I could speak to the manager or I could whistleblow to the head office or outside of the organisation." Safeguarding was covered during staff induction and discussed during regular supervision sessions and staff meetings. The training records showed that staff received safeguarding training. There was safeguarding information displayed throughout the building and the safeguarding adults' policy was

made available to all staff.

The registered manager showed us a central safeguarding register. We saw that the service investigated and reviewed all safeguarding matters to avoid similar situations happening in the future.

The service regularly assessed and reviewed risks to people's health, wellbeing and welfare and had procedures in place to identify and manage these risks. Before people started using the service, the provider carried out an initial assessment of their needs. This was to initially identify any potential risks in providing their care and support. Amongst risk factors assessed were risks related to people's daily routines, mobility, medicines, eating and drinking, level of cognition and physical health and well-being. This information was then used to formulate detailed care and risk management plans around the person's health needs. The plans contained information about the level of support that was required and details about any health conditions and the best outcomes or goals for the person. The information in these documents included practical guidance for staff on how to manage risks to people and what tasks staff should perform in the event of a person being exposed to risk.

Records showed that care was planned to take into account and minimise risk. For example, one person had been assessed for potential risks when being in the community amongst people they didn't know. The risk management plan gave instruction to staff on how to support the person in these situations and what to do if the person acted in the way that could cause harm to their health and wellbeing. We also saw other examples of risk assessment such as moving and handling, computer use or kitchen and fire risk assessments.

The service had various systems in place to ensure people lived in a safe environment. We saw evidence that daily, weekly, monthly and yearly health and safety checks took place. Amongst them were daily fridge temperature logs, weekly fire call points tests, fire drills, fire equipment and water temperature checks. We saw that Legionella and electric installation checks were out of date. However, the registered manager provided us with evidence that they were in the process of addressing this matter.

The service had recruitment procedures to ensure only suitable staff were appointed to work with people who used the service. The provider managed the process centrally and each new staff member had to agree and sign an agreement around expectations of performance during their probationary period.

We found that staffing levels at the service were sufficient to meet people's needs. The service had the capacity to support seven people and at the time of our inspection there were six people using the service. There were three staff members in the morning, three in the afternoon and one staff member during a waking night shift. The service currently had three and a half vacant posts and they were using agency staff while the positions were being recruited to. The registered manager explained that they employed the same agency workers to cover vacant posts. This meant that there was continuity of care and the agency staff had the same skills and knowledge about the people using the service as their full time colleagues. Agency workers we spoke with confirmed they frequently worked at the service and they were able to describe to us specific care needs of people they supported. Family members told us they thought there were enough staff on shift to support people. One relative said, "They seem to have enough staff and they are flexible. When my relative came to live here, they brought an additional staff member to meet the specific needs of my relative."

Good

Is the service effective?

Our findings

Staff had the knowledge and skills they needed to carry out their roles and responsibilities. Family members told us they thought staff were well trained and they knew how to work with their relatives. One family member said, "They (staff) are well trained and they know what they are doing. They have different types of capability but they work coherently as if they knew what to do without communicating with each other." A second family member said, "Staff are very skilful. I admire them. They have a lot of patience as it is difficult what they do. They are trained."

New staff members received an induction that the provider considered mandatory. This included medicines administration, person centred care, safeguarding of vulnerable adults and fire awareness. New staff were also asked to undertake two weeks of shadowing their more experienced colleagues and to complete an induction workbook to consolidate their learning during the induction period. New staff confirmed receiving the induction, we also saw examples of completed workbooks in staff files.

Other staff undertook regular refresher training as well as specialist training to be able to understand and respond to the complex needs of people using the respite service. Specialist training included using an insulin pump, epilepsy awareness, choking and resuscitation and CALM (Crisis, Aggression, Limitation and Management) training aiming to support people with any form of challenging behaviour. Staff confirmed that they received regular training and we saw training certificates in their files.

Staff told us they received support and supervision from the registered manager. One staff member said, "We have monthly one to one meetings and the manager is always avaliable." We saw records that showed staff members had regular, monthly supervision and an annual appraisal of their work. We looked at records of supervision sessions which showed staff were able to discuss key areas of their employment.

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. 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us and we saw that DoLS applications had been made for those people at the service who were not free to leave and were under continuous supervision and control when going outside, as this may have been a deprivation of their liberty.

Staff received training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Where possible, people were asked for their consent and were involved in decisions about their care.

We saw information in care plans about people's capacity to consent and make decisions about their care. Each person had a decision chart guiding staff on which decisions a person could make on their own (e.g. what to wear) and which with support of others (e.g. money management). The majority of people using the service did not have the capacity to consent to some aspects of their care and the staff team worked closely with the family and other healthcare professionals to ensure that a decision was made in the best interest of the person and in line with the MCA. We saw records of best interest decisions in people's files.

Staff supported people to maintain a balanced diet that reflected their nutrition needs as well as cultural and religious preferences. Family members told us they were happy with how the service supported their relatives to eat and drink well. Comments included, "My relative is eating well there, there have never been any problems." "People have their say in what they eat, my relative takes part in food shopping and they love it." Another family member said, "I saw staff cooking and it looked well. My relative eats well there."

People's care plans consisted of information on their food and drink needs and preferences. Staff told us this information was used to create a general grocery shopping list for the service and to formulate a weekly meal planner.

We observed that staff followed guidance recorded in people's care documents. For example, one person's care plan stated that it was beneficial for them to eat fresh fruit and vegetables. We later saw staff preparing and serving fruit for this person.

People's nutritional needs and risks related to their food and drink intake were clearly displayed in the kitchen area, therefore, staff had easy access to them. We saw a variety of guidance informing staff about people who were living with diabetes, allergies or any other special dietary requirements.

People could choose what they ate during their stay at the respite centre. A staff member told us they used pictorial representations of different meals to make it easier for people to decide what their preferred meals were. A pictorial menu board was also available in the lounge area of the service.

People were supported to maintain good health and they had access to healthcare services. The service worked closely with other healthcare professionals involved in each person's care, to ensure their needs were being met. A healthcare professional told us, "I have worked with staff recently who are supporting a person who is staying at Star Road for emergency respite. Staff have worked with the family and the Social Worker to listen to advice we have given about how to support this person." A second professional stated, "Staff follows all guidelines I gave them. They contact me if they have any issues and need more information on how to support people."

People's care records showed their healthcare needs were addressed and staff had detailed guidelines on what support people required to maintain good health and wellbeing. We saw evidence of on-going communication between the service and external healthcare professionals. These included reports from a consultant psychiatrist, notes from a meeting with the Community Learning Disability Team (CLDT) and a letter from a community nurse. We also saw evidence of staff supporting people in accessing a GP surgery for periodic health checks, such as blood tests, medical review or eye checks. The outcomes of these appointments and any action to be taken were recorded and communicated to people's relatives.

Good

Is the service caring?

Our findings

People received care that was compassionate and caring. Family members told us they were happy with how the service supported their relatives. One family member said, "My relative is happy here. Staff knows how to reason with (the person's name) now." A second family member said, "My relative seems to be settled here. They (the service) brought a lovely staff member to help them settle."

We saw positive and warm interactions between people using the service and the staff team. We observed staff speaking to people with kindness and in a way people could understand. For example, we observed a staff member approaching a person to offer them a drink. They sat down next to them, spoke clearly and waited patiently for the person to answer. On another occasion, we saw that a person got upset when looking at pictures in a photo album. We observed that a staff member immediately approached them to find out what had distressed them. They continued looking through the album together and the person seemed reassured by the staff member's presence. We observed that staff were frequently checking with people if they needed any assistance. We saw a staff member smiling to a person and asking if they had a good time playing a game and if they needed any help.

People's care plans consisted of detailed information on how they would communicate in different situations. Each person had a communication chart which explained how they would behave if they were happy, frustrated or if they needed assistance. Staff used a variety of methods to communicate with people effectively. One staff member told us, "I use Makaton (a recognised signing system developed for people with learning disabilities) or pictures to talk to people. I know how to communicate with them because I know them well and I also read about it in their care plans." The service used pictorial signage to represent different aspects of living in the service. We saw pictures on all doors indicating which room they led to, there were pictures of cups and food on the kitchen cupboards to make it easier for people to find them. We also saw pictorial information boards across the service. These included a board with pictures of staff who were on shift. This meant that people knew which staff were supporting them on any particular day.

Staff spoke about the importance of supporting people's independence and encouraging their individuality. One staff member told us, "I am trying to encourage their (people's) independence. They choose their food, they can take their plate to the sink and I prompt them to get their things ready before going out." A second staff member told us, "We always ask people what they would like to do or where they would like to go and we go along with them. Some people choose to go to the cinema, some for a walk and others like to go shopping". People's care plans had a section which guided staff on how to support people's independence. These included encouraging people to engage in a variety of tasks such as putting their shopping away, helping in food preparation or experiencing new activities outside the service.

Family members told us staff treated people with dignity and respect. One relative said that during an initial assessment they informed the service what had been important for the person when receiving personal care. They told us staff followed the guidance and this helped the person to be comfortable and safe. Staff told us they always ensured people had privacy when receiving personal care. One staff member said, "I close the bedroom door and curtains when giving personal care. I also cover people's body so they are not

being exposed." A second staff member said, "I tell people what I am doing, give them constant reassurance and I cover their body with a towel so a person feels comfortable."

Good

Is the service responsive?

Our findings

People received care that was person centred and reflected their care needs and individual preferences. The service had assessed each person's support requirements prior to people starting their respite at the service. One relative told us, "There was an assessment meeting where we discussed my relative's care needs. Staff followed what we said and put measures in place to ensure my relative was settled here." A second relative said, "The manager came to discuss what my relative wanted and what they did during the day. We discussed how staff should support them." Before starting longer respite visits people were invited for tea afternoons, where they had the opportunity to get to know the staff team, to understand how the service worked and what would be expected from people when they stayed there. Staff used these visits to get to know people and to understand their support needs.

Information gathered during an initial assessment and visits was then used to formulate people's care plans. We looked at examples of care plans and we saw that they were person centred and consisted of detailed information on people's life history and things staff should know about each person. This included people's medical diagnosis, any physical conditions, behavioural trends and specific care and support needs. Care plans also included information on people's personal likes and dislikes as well as cultural and religious preferences.

Each person had a communication passport in their file which consisted of brief guidance as to what was important to people, what they liked and disliked and what were the behaviours that could put the person or others at risk. This meant that staff had easy and quick access to the most important information about the people they supported.

People used the service for short respite that ranged from a few hours to a few days. Staying at the service could affect people's daily routine and impact on how they felt or behaved. In order to ensure people were comfortable and relaxed during their break, the service supported them in creating their own daily respite routine. We looked at examples of such documents in people's files. We saw information on what time people liked to get up and go to bed, what they liked doing during the day and how staff should support them to achieve their daily goals.

Staff we spoke with knew about people's individual needs and preferences. The majority of staff had worked at the service for a long time and they knew people well. However, they said they read care plans to know if people's needs had changed and to learn about the needs of people who were new to the service.

One staff member said: "There is a lot of information about people in their care plans. Who they are, who are their relatives and what they like and dislike." A second staff member said, "People like different things, I know because I know them and I saw it in their care plans."

Relatives confirmed the staff team knew their relative's needs. They told us, "My relative is enjoying being here, the staff knows them." "(person's name) is happy here, especially when they go out as my relative

doesn't like to stay inside."

People using the service had access to a variety of activities at the service and in the local community. We saw photographs displayed throughout the service showing different activities that people took part in while staying there. These included different festive parties and trips in the community. Staff told us that people had various interests, some enjoyed jigsaw puzzles, playing football in the garden, surfing the internet or relaxing in the quiet? lounge. We saw an activities board with different activities ideas for the week. These included a visit to the nearby social club, bowling or a picnic in the park. Staff told us they encouraged people to do a range of things, however, the final decision on what people wanted to do was always left to them.

The provider had a complaints procedure in place which was displayed in the communal area of the service. It was available in a pictorial format to make it more accessible to people using the service. We saw a central register of all the complaints received. We saw that the registered manager investigated and responded to all complaints in accordance with the complaints procedure.

People and their relatives told us if they had a complaint, they would speak with the staff or the registered manager. One relative told us they were upset about one aspect of care offered to their relative. They said they spoke about it to the registered manager and they felt the registered manager listened to them. A second relative said, "If I had any concern, I would call Star Road straight away and I would speak to the manager, but I never had to complain about anything."

Family members could express their views about the service through complaints and compliments cards available at the entrance of the service. We saw examples of positive feedback about the service displayed on the information board. The service also held three monthly coffee mornings where family members were able to meet other carers to talk about their experience of the care offered to their relatives and receive information about developments happening in the service. Family members confirmed they were aware of these meetings. One relative told us, "The manager had mentioned relative's meetings to me." A second family member said, "Yes, I was involved in carers meeting at the centre."

Good

Is the service well-led?

Our findings

The service had a registered manager who had been in post since January 2016. They had extensive previous experience of working in and managing staff within the health and social care field.

Family members told us that they thought the service was well led. They could discuss any concerns they had about the care provided and were confident that they would be supported by the manager. One relative said, "The manager always listens to what I am saying." A second relative said, "The service is well led, I get on well with the manager and any concerns are quickly dealt with."

The service promoted a culture of transparent communication within the staff team. Staff used a variety of ways to communicate about different aspects of the service provision. The registered manager held monthly team meetings which gave a platform to discuss care offered to people they supported, any gaps in performance and ongoing service development. We viewed minutes from these meetings. Amongst areas discussed were medicines administration errors, concerns about people using the service and staff training. Staff also had a short handover meeting at the end of each shift in which they discussed the health and wellbeing of people who were staying there. Furthermore, staff used these meetings to plan shifts and to allocate daily tasks to individual staff members. This meant that each shift should run efficiently and staff knew what was expected from them. Staff recorded their communication on daily shift planning records, in the communication book and in the service's diary. This meant there was a clear audit trial of every event that took place at the service or was planned for the future. Staff told us the communication was an important element of working at the service. One staff member said, "The communication book is very useful to us. We read it as a priority before each shift and we have a very detailed handover."

Staff we spoke with told us the service was well led and they felt supported by the registered manager. One staff member said, "The place is well run and people are happy here. I feel supported by the manager and my colleagues. If I am not sure about something I can always ask for help." A second staff member said, "It is hard at the moment due to staff shortages but I feel supported by the manager, they are very approachable."

Records showed that the registered manager addressed any gaps in staff practice in a timely manner. We saw evidence of disciplinary procedures being used as well as supportive discussions on how to improve staff performance and satisfaction.

The service had internal auditing and monitoring processes in place to assess and monitor the quality of service provided. We saw evidence of daily, weekly and monthly health and safety checks, medicines administration audits, safeguarding, incidents and accidents central registers and key performance indicators checklist. Additionally, the provider carried out an annual service audit that gathered information about all aspects of the service provision. The findings were then used to form an action plan to improve the quality of care provided. The document showed that the registered manager addressed any highlighted issues in a timely manner.

The service worked closely with other health professionals. All professionals we spoke with gave us positive feedback about the service. One professional told us, "No concerns. Our team have a lot of contact with Star Road on a regular basis. It is a service which is very beneficial to our service users and we have a lot of confidence in the staff and management." A second professional said, "The families are usually very happy with the service, all issues are quickly resolved and the registered manager responds appropriately to any matters we raise."