Star Road Respite Service

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Inspection report

49 Star Road
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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

Overall summary

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 and to pilot a new inspection process being introduced by the Care Quality Commission (CQC) which looks at the overall quality of the service.

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 CQC to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The inspection was announced two days in advance so that staff would be available at the service when we visited.

The service was last inspected on 25 October 2013 and at the time was found to be meeting the regulations we looked at.

Summary of findings

The service 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 seven 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.

People told us they felt safe whilst using the respite service and we saw there were systems and processes in place to protect people from the risk of harm. There were enough staff on duty to meet people's needs and where required staff numbers were increased to ensure people's safety.

Staff had undertaken training on the Mental Capacity Act 2005 (MCA) and were aware of their responsibilities in relation to the Deprivation of Liberty Safeguards (DoLS). They ensured people were given choices and the opportunities to make decisions.

Robust arrangements were in place for the management of people's medicines whilst they used the service.

The provider ensured people's nutritional needs were met by making sure they received a choice of food and drinks.

Staff received effective training, supervision and appraisal. Where specialist training was required to support people with their healthcare needs the manager sought guidance and support from other health and social care professionals.

Staff were caring, and treated people with dignity, compassion and respect. Care plans were clear and comprehensive. They were written in a way to address each person's individual needs, detailed what was important to them, how they made decisions and how they wanted their care to be provided.

Throughout the inspection, we observed that staff cared for people in a way that took into account their diversity, values and human rights. A range of activities were provided both in the home and in the community.

There was a clear management structure at the service and people, staff and families told us that the management team were approachable, inclusive, and supportive.There was a transparent and open culture within the service and staff were supported to raise concerns and make suggestions about where improvements could be made.

The provider had effective systems in place to monitor the quality of the service so areas for improvement were identified and addressed.

Summary of findings

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. Staff demonstrated a good understanding of how to keep people safe from the risk of abuse and how to report any concerns.

They were aware of the Mental Capacity Act (MCA) 2005 and how to help ensure the rights of people who lacked the mental capacity to make decisions were respected.

Risks to people were assessed and reviewed regularly to ensure people's individual needs were being met safely.

Medicines management arrangements were robust and being followed effectively. There were sufficient numbers of staff to keep people safe and to meet people's individual needs.

Is the service effective?

Good

The service was effective. The staff received training, supervision and support that enabled them to provide effective care and support.

Staff worked closely with the families of people using the service and any health and social care professionals so that people received care that was centred on them.

The staff encouraged and supported people to eat and drink food that met their individual needs.

Is the service caring?

Good

The service was caring. People were treated with care, kindness and compassion.

The staff respected people and their choices and they promoted people's privacy and dignity.

The manager and staff focused on providing care that centred on the individual. They had a good understanding of people's needs and supported people to make decisions about how they wanted to be cared for and supported.

Is the service responsive?

Good

The service was responsive. People's individual needs and wishes were met when their care and support was being assessed planned and delivered. People and their families were fully involved in planning and reviewing their care.

Activities were arranged that met people's individual interests both in the service and in the community.

Information about how to make a complaint was available to people and their families. Complaints were investigated and responded to appropriately.

Is the service well-led?

Good

The service was well- led. The staff team told us the management team were approachable, inclusive, and supportive and they felt listened to. Staff were confident to raise any concerns they had and to suggest ideas that could improve the quality of service people received.

Summary of findings

There were effective systems in place to monitor and improve the quality of the service provided. Where improvements were needed, plans were put in place and action was taken to make improvements.

Star Road Respite Service

Detailed findings

Background to this inspection

The inspection was carried out by one inspector on 8, 10 and 11 August 2014. We spoke with three people who used the service. We could not speak with some people because they were unable to share their experiences of using the service with us verbally. We spent some time observing care and support being delivered in the lounge and dining room to help us understand their experiences of using the service. We also looked at records, including three people's care records, staff records and records relating to the management of the service. During the inspection we spoke with one relative, five members of staff, the deputy manager and the registered manager.

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. We reviewed the information we held about the service, including notifications we had received from the provider and the findings of previous inspections.

Following our visit we spoke with one healthcare professional and two social care professionals from the community learning disability team who were involved in the care of people using the respite service and four relatives to get their views about the service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

People using the service indicated they felt safe. One person gave a thumbs up sign to say they felt safe and another person told us, "I'm not worried when I am here. I would speak to the staff if I had any worries." People told us they would speak with the manager if they had any concerns. We observed people engaging positively with the staff and each other. All the relatives and health and social care professionals we spoke with told us that the service managed people's needs safely and people were treated well. Comments from relatives included, "My relative is happy to go for respite. He looks forward to it and I have no concerns when I leave him" and, "I don't think I would leave my family member at the service if I did not think they were safe."

Staff told us the provider had policies and procedures in place for safeguarding people from abuse and these were available on the intranet. Staff demonstrated a good understanding of the different forms of abuse, how to recognise abuse and how to report any concerns. All of the staff told us they had received training in safeguarding people and whistleblowing. Training information we viewed confirmed this. Social care professionals said the service was good at reporting any suspicions or allegations of abuse and took any concerns raised "very seriously".

We viewed the care and support plans for two people who used the service. Detailed person specific risk assessments and plans were available based on the individual risks that had been identified. The social care professionals told us when they referred people to the respite service they provided information on the risks that each person presented with. The manager told us that during the process to assess the person's needs, information on risk and safety was reviewed and discussed with the staff team and other professionals, prior to any offer of respite being made to ensure they knew how to support the person appropriately.

Where people had been assessed as being at risk of choking, and swallowing difficulties, detailed guidelines were in place so that they could be cared for safely. We saw staff following the guidelines for one person who required a soft food due to swallowing difficulties. Staff told us that people who used the service could prepare their own food and drink in the kitchen if they had been assessed as being able to do so safely. We saw that risk assessments were in place for people that could access the kitchen. We saw one person preparing a snack and another getting a drink. One person told us, "I like helping them in the kitchen and setting the table for dinner." This showed that people's independence was promoted whilst ensuring their safety through effective risk assessment processes.

Relatives told us they were involved in discussions about the risks to people and in developing plans to ensure people could be cared for safely when they went to the service. Staff said getting to know the person and developing positive relationships with individuals was important in providing safe care and support. This included how to communicate with people and understanding any triggers that could lead to behaviours that challenged. From our observations throughout the inspection we saw that staff knew people well and the way to support them.

Staff told us they also managed risk to people by reviewing the planned respite sessions to ensure that people were compatible with each other and that staff were available that matched people's needs in terms of gender, skills and interests.

Our discussions with the registered manager and deputy manager showed they had a good understanding of the MCA and the DoLS. Updated training had been planned for all staff in response to recent judgements of the Supreme Court on issues related to deprivations of liberty. All other staff we spoke with were clear about their role in obtaining people's consent, respecting people's choices and decisions. The manager gave us two examples of best interest decisions that had been made, with the input of family members and other health and social care professionals, where people were unable to make specific decisions themselves. One of them was about a person who required one to one support and who could have therefore been subjected to restrictions that could have amounted to a deprivation of their liberty. A DoLS application had been made and was being considered by the local authority.

Staffing arrangements were determined by the number of people using the service and their individual support needs. The registered manager told us that staffing was based on the individual needs of people at each respite session. These arrangements took into account staff skill mix and knowledge so that people could be supported safely. For example, some people responded to some staff members better than others. Where this was the case the

Good

Is the service safe?

manager attempted to ensure that those staff were on duty for those individuals. The service provided flexible staffing and where some people required one to one or two to one care, additional staff were on duty. Social care professionals we spoke with confirmed that staffing was based on the needs of people. For example, due to a person's specific support needs additional night staff were on duty to support the person during their respite.

Robust arrangements were in place for the management of people's medicines whilst they received respite care. All medicines within the service were stored securely. Medicines policies and procedures were in place and staff we spoke with demonstrated a good understanding of the procedures they followed when people required support with their medicines. Medicine Administration Records (MAR) were appropriately signed when medicines were administered, this showed that people had received their medicines safely as prescribed. 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 to provide a clear audit trail. The deputy manager told us that a daily audit took place where staff checked the medicines and MAR at each handover. This helped staff to identify any issues, which could then be addressed.

Staff told us they had received medicines training. In addition, regular training updates were carried out where people had specific medical conditions that required medicines to manage their condition, such as epilepsy and where people were administered their medicines through a feeding tube. These arrangements helped to ensure people received their medicines safely from staff who had the required skills and knowledge. Training records we viewed confirmed this.

Good

Is the service effective?

Our findings

People were supported by staff that had appropriate skills and experience. Two new members of staff told us they had received a thorough structured induction when they started to work at the service. They said this had included training and working alongside other staff members. Examples of subjects covered during the induction training included health and safety, moving and handling and safeguarding.

Other staff told us they undertook training that was considered mandatory by the provider and specific training to support people using the respite service. They told us they had received training in supporting people with a range of complex needs on topics such as epilepsy, challenging behaviour, communication and supporting people who required feeding through a tube in their stomach. The deputy manager described CALM (Crisis, Aggression, Limitation and Management) training that staff had undertaken before a person with behaviours that challenged was admitted to the service. This was training which was specific to the management of aggressive and challenging behaviour. Staff told us this training focused on ways to prevent and de-escalate situations to keep people safe.

During our inspection we spoke with members of staff and looked at four staff files to assess how they were supported to fulfil their roles and responsibilities. Staff told us they received supervision every four to six weeks. We saw that a supervision tracker was in place so that the registered manager could monitor that supervision was happening at regular intervals. Weekly staff meetings were held and staff told us these meetings provided information on changes within the service, discussions about people using the respite service and further training that was required.

People's nutritional needs were assessed as part of the pre-admission assessment. We saw people's likes, dislikes and preferences with regard to food and drink had been recorded in their care plan. Staff told us they cooked a variety of food to meet people's individual choices, religious, medical and cultural needs. For example, during our inspection we saw that Halal sausages had been purchased for a person so that they could have a Sunday brunch. The daily menu was available and displayed in a picture format to enable people make choices about their meals.

The service worked closely with other healthcare professionals involved in each individual persons care, to ensure their needs were met. The care records showed that people's healthcare needs were addressed and detailed the support they required. The manager told us where people had complex needs she ensured additional assessments were completed prior to the person starting at the respite service. For example, in relation to one person the occupational therapist had carried out an assessment of the equipment that was required by the service to assist with the person's mobility needs. In relation to another person the epilepsy specialist nurse had developed guidelines and provided training for staff to follow to manage the person's epilepsy. People were supported to attend healthcare appointments such as visiting the GP during their respite stay, the outcome of the appointment and any action to be taken was recorded and communicated to the parents/carers of the person.

Good

Is the service caring?

Our findings

Throughout our inspection we saw staff communicating with people and explaining things to them. Where people had complex needs and were not able to speak we saw staff communicating with them using Makaton (a recognised signing system developed for people with learning disabilities), gestures, by showing objects and using picture boards. For example, we saw a member of staff showing a mug to a person, to ask them whether they wanted to have a drink. In another instance we saw staff show a person two different cereals so they could choose what they wanted for breakfast. We saw staff interact positively with people, showing them kindness, patience and respect.

The staff talked about the importance of developing positive relationships with the people who used the service and their carers. One staff member said, "For some parents this is the only break they get from their caring responsibilities." Another said, "We try to make their stay as enjoyable as possible and provide care so it is like home from home for them." All the relatives we spoke with said they had a positive relationship with the registered manager and staff at the service. Comments we received included, "The first time we went away it was daunting, but the manager put us at ease and told us this was our time for ourselves" and "You are put at ease from the time you leave to the time you pick up your family member". Relatives told us that staff gave them information about how they could access additional support such as information on personal budgets, person centred care planning, family liaison and financial matters. This showed us that the service worked to provide additional support to carers, and to improve each person's experience when using the respite service.

The manager and staff spoke respectfully about the people they cared for. Staff talked about valuing people, respecting their rights to make decisions, being inclusive and respecting people's diverse needs. The staff told us the care plans were easy to use and they contained relevant and sufficient information to know what the care needs were for each person and how to meet them. One agency member of staff told us, "The care plans are very detailed. You have to read the care plans for the people that are going to be using the service when you are on shift." Other comments we received from staff included, "They have to be detailed as it's not like a care home. People are coming here for tea visits, overnight and weekend respite."

Staff told us they had received training in person-centred care planning, and we saw that the culture of the service was based on providing care that met each person's unique needs. Each person had a care plan that was based on their needs, abilities, likes, dislikes and preferences. The care plans had a section titled 'All about me, what is important to me and important for me'. This contained detailed information which had been obtained from the person and people that were important to them. This provided staff with information on what type of support the person required and how they wanted the support to be provided. For example, we read how a person liked to be positioned when staff used the hoist to move them. Relatives and people we spoke with told us they had been involved in making decisions and in the care planning process and that the staff listened to and acted on what they had to say and wanted.

Staff ensured that people's privacy and dignity were respected. Staff of the same gender were allocated to support people with their personal care when required. Staff described how they maintained a person's privacy whilst ensuring they got the support they required and how risks were managed to keep people safe. For example, when people were receiving personal care this was undertaken behind closed doors in the bathroom or bedroom areas. Care records provided information on how the person wanted their privacy and dignity maintained. Staff confirmed they discussed this topic regularly during staff meetings and their one to one supervision sessions.

Good

Is the service responsive?

Our findings

People's care and support needs had been assessed before they started using the respite service. Assessments we viewed were comprehensive and we saw that people and their families were involved in discussions about their care, support and any risks that were involved in managing the person's needs. Relatives told us the transition phase for their family member from other services to Star Road had been very well managed. They confirmed the registered manager had worked with them and responded to information from other agencies that were involved in supporting their family members. All the professionals we spoke with said that the staff team provided a service according to people individual needs.

Care plans we looked at were clear and comprehensive. They were written from the person's perspective, detailed what was important to them, how they made decisions and how they wanted their care to be provided. A communication passport had been developed for each person. This provided detailed information on the various methods the person used to communicate their needs. For example, we saw in one passport that if a person was in pain they communicated this through the sounds they made. Where they were able, people had been involved in developing the passports, as were carers and health, social and education professionals. The relatives we spoke with told us they were actively involved in the development and review of their family members' care plans. One social care professional confirmed the majority of carers that used the service were very happy with the care and support provided.

The service was responsive to people's needs. Each respite session was planned in advance so that people and their carers were aware of the dates for their planned respite. There were also arrangements to respond to emergency requests for respite, for example if a carer was taken ill or required hospital admission. Both social care professionals we spoke with confirmed the service was responsive to the needs of people and their families and worked in partnership with them to ensure they had all the required information before accepting emergency admissions for respite care.

Relatives we spoke with told us that the service worked closely with them in managing their respite bookings and accommodating any requests they had. They also confirmed that staff provided a short written report on the respite session with details of how the person had been, the support they had received and any activities they had participated in. This showed that relatives were provided with feedback about the respite session so that they were kept up to date.

The provider took into account people's diverse needs when planning and providing care and support to them. This included support with people's spiritual, cultural and religious needs. For example, if people attended a religious service, they were supported to do this whilst they used the respite service. If people were able to go out independently in the local community, they were encouraged to do so. For one person we saw that they were able to listen to religious prayers in their bedroom. Staff took account of people's abilities and we found that adjustments were made within the service so that people's individual needs were recognised and they were given the same opportunities in their daily life as everybody else. We saw that the provider had recently purchased a swing for the garden that people could use whilst sitting in their wheelchair.

People told us they enjoyed the activities provided during their respite stay. There was an activities programme on display and people told us this was discussed at their weekly meeting. We saw staff asking people whether they wanted to participate in the activities that were arranged. Staff we spoke with had a good understanding of the types of activities people liked and what they could participate in. For example, they told us about a person who enjoyed hand massage. Each person's care plan detailed the activities they enjoyed including any sensory activities. The service had a well-equipped sensory room, with bubble tubes, lights and sound equipment for people to enjoy. Feedback we received showed that for some people, access to community activities was only possible during their respite stay. The service's approach meant that people's independence was supported and they were encouraged and enabled to be an active part of their local community.

The manager also took account of people's individual wishes. We viewed the notice board in the reception area which included a section called 'Gifts, goals and requests'. The manager told us staff used the information provided by people on their individual wishes and goals, to meet their needs. For example, arrangements were made for a person

Good

Is the service responsive?

to visit the local fire station and another person wanted a digital radio they could use when they had respite and staff purchased this. The manager confirmed that where people had provided this information it was their decision to do so.

The provider had a complaints procedure in place and this was available in a picture format to make it more accessible to people using the service. A record was kept of all the complaints received. Where complaints had been received, these had been investigated and the complainants responded to in accordance with the complaints procedure. Staff told us the complaints procedure was discussed at staff meetings and this helped them to understand their role in supporting people and their families to make a complaint or raise a concern. People and relatives told us they had no complaints and if they did have a complaint they would speak with the staff.

The staff used different ways to regularly seek feedback from people who used the service and their families. The registered manager told us she held a coffee morning meeting for carers of people using the respite service four times a year. The meetings provided a forum for people to give feedback on the service, information sharing and make suggestions for any improvements. Minutes of the coffee morning meeting held in July 2014 confirmed this. Weekly meetings were held at the service and minutes detailed that people were involved in planning the menu, activities within the service and in the community and providing suggestions on what could be improved.

Good

Is the service well-led?

Our findings

The registered manager had been in post for 12 years and was supported by a deputy care manager in running the service. This provided consistency and stability in relation to how the service was managed and led. All the staff we spoke with said they enjoyed working at the service and were committed to providing good quality care and support to people. Staff were able to describe the vision and values of the organisation and talked enthusiastically about the provider's vision that 'Everyone has a right to a good life' and 'person centred care'. They told us their role was to ensure people were safe, cared for individually, able to take part in activities of their choice and to enjoy their stay at the service.

Staff told us there was a clear management structure at the service and that the management team were approachable, inclusive, and supportive. Staff said they felt listened to. For example, one member of staff told us that all new referrals were discussed with the staff team prior to the person being offered a respite stay. Another staff member told us the manager assisted with care, provided coaching and had a good understanding of the care needs of people. Comments included, "She rolls her sleeves up, assists with personal care and supporting people with their food" and "Her door is always open. This is the best place I have ever worked."

Family members and social care professionals spoke positively of the manager. They confirmed she was approachable and they could raise any concerns they had with her. Comments we received included, "I meet the manager every time. She takes the time to listen and understand you" and, "Sometimes it's difficult to get hold of her, but she will always call you back".

Staff said they were enabled to raise any concerns they had about care practice and were confident that they would be supported by the manager. Staff told us they were encouraged to share their ideas for improving the service and problem solving. They told us the staff team worked so that they could anticipate and discuss solutions to particular challenges that individual people using the service had.

We saw that systems were in place to monitor the quality of the care provided. These included a comprehensive audit programme to check the safety of the building, equipment, medicines management, care records and staff records. The audits were evaluated and where required action plans were in place to make improvements in the service. For example, daily medicines audits were carried out in response to errors that had been identified with recording medicines administration. Records were kept of safeguarding concerns, accidents and incidents. These were monitored by the manager and the service manager to identify any trends or patterns. Staff told us they discussed any incident and accidents during staff meetings so that they could improve their practice and implement any lessons learnt from the outcome of any investigations. Staff meeting notes confirmed this.

The service and its staff were committed to provide quality care that was based on good practice.The service worked closely with the community learning disability team and specialist support staff within the provider organisation, who provided support and training so that staff could support people safely at the service. For example, we were told that the service used an approach called 'intensive interaction' to communicate and interact with people who did not find it easy communicating or to engage socially with others due to their complex needs. This research based approach was used to help people communicate better, develop relationships and for people to enjoy their time with staff who were trained to communicate using this approach.

The manager gave us some examples where this approach has been used successfully to improve engagement with people, including those who had a behaviour that challenged the service. For one person this approach had led to a reduction in the number of incidents of behaviours that challenged. This showed that the management team, staff and other professionals worked together to promote good practice that improved the quality of people's experience whilst using the service.

People were involved in developing the service.
The manager told us that two people had been involved in the recruitment of care staff to the service. This had included participating in the interviews to ensure that any new staff recruited had the skills and knowledge to support them. The service development plan included information on the plans in place for people's feedback to be included in staff annual performance reviews and development plans. This showed us the service wanted and valued people's involvement in the development of the service.