Southampton City Council

Respite Unit for adults with learning disabilities - 32 Kentish Road

Inspection report

32 Kentish Road
Shirley
Southampton
Hampshire
SO15 3GX

Tel: 02380701227
Website: www.southampton.gov.uk

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

When we last inspected the Respite Unit for Adults with Learning Disabilities 32 Kentish Road on 14 and 15 October 2015 we found the provider was providing some aspects of people's care and support without gaining consent and staff had not been supported through supervision and appraisal. During this inspection we found the provider had made some improvements but we also identified new concerns. The provider was displaying their ratings certificate from the previous inspection in a conspicuous place to meet the regulation which requires them to do so.

32 Kentish Road is Southampton City Council's respite service for adults with learning disabilities. It is registered to provide accommodation and care to a maximum of eight people at a time. People generally stayed at the service for several nights to a week, but could stay more or less depending on their needs. Respite stays were booked in advance but emergency and short notice stays could be arranged when necessary. Some people using the respite service continued to attend day services during their stay which meant there were less people in the building during the day.

This inspection took place on 9, 10 and 15 November 2016 and was unannounced.

There was a registered manager at the service. 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.

Some care and support was provided without gaining the person's consent and some people's privacy was not protected. Issues of concern had not been identified through the use of quality assurance.

People felt safe staying at the service. The staff team had received training in safeguarding adults and were aware of how to follow safeguarding procedures. People had risk assessments in place to ensure every day risks were identified and minimised where possible, whilst still enabling people to do what they wanted to do. People received their medicines as prescribed.

People enjoyed their meals and could choose what they ate. People made decisions about how they spent their time and what support they needed. They chose what activities they took part in and went out with staff support. Staff worked with health care professionals and supported people to see the doctor if necessary. People told us there was enough staff working at the service to support them. New staff had been transferred into the service following a process of induction and shadowing.

Positive caring relationships were developed with people using the service. People's individual needs were known and their respite breaks were planned to ensure they had an enjoyable stay. Staff ensured they supported people with their personal care in ways which respected their dignity.

Staff knew people well and provided a service which was responsive to their individual needs. There was a complaints procedure in place and people felt able to complain.

The future of the service has remained uncertain as the service is planned for closure. During the inspection we identified concerns which had not been identified through the governance of the service. The provider sought feedback from people using the service and their responses were positive.

We identified breaches of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and made a recommendation with regard to quality assurance and you can see what action we told the provider to take at the back of the full version of the report.

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.

The staff team had received training in safeguarding adults and were aware of how to use safeguarding procedures.

People had risk assessments in place to ensure every day risks were identified and minimised where possible, whilst still enabling people to do what they wanted to do.

New staff had been transferred into the service following a process of induction and shadowing.

People received their medicines as prescribed

Is the service effective?

Requires Improvement

The service was not always effective.

Some care and support was provided without gaining the person's consent and some people's privacy was not protected.

People enjoyed their meals and could choose what they ate.

People had access to healthcare services when they needed it.

Is the service caring?

Good

The service was caring.

Positive caring relationships were developed with people using the service.

People made decisions about how they spent their time and what support they needed.

People's dignity was respected by staff when supporting them with personal care.

Is the service responsive?

Good

The service was responsive.

People's individual needs were known and their respite breaks were planned to ensure they had an enjoyable stay.

People were supported to engage in activities and interests.

There was a complaints procedure in place and people felt able to complain.

Is the service well-led?

Requires Improvement

The service was not always well led.

The future of the service has remained uncertain as the service is planned for closure.

Issues of concern had not been identified through the use of quality assurance and we have made a recommendation about this.

The provider sought feedback from people using the service.

Respite Unit for adults with learning disabilities - 32 Kentish Road

Detailed findings

Background to this inspection

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

The inspection took place on 9, 10 and 15 November 2016 and was unannounced. The inspection was conducted by one inspector.

Before the inspection, we reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law and our previous inspection report. The registered manager completed a Provider Information Return (PIR) prior to the inspection, which we also reviewed. 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.

During the inspection we spoke with three people using the service, one relative, five members of staff and the provider's representative. We looked at the care plans and associated records for five people as well as records of meetings and audits.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. The provider had policies and procedures in place designed to protect people from abuse. Staff had completed training in safeguarding adults and were aware of the different types of abuse and what they would do if they suspected or witnessed abuse. The registered manager had made appropriate referrals to the local authority regarding concerns raised by staff at the service, for example, if people came into the service with a bruise.

People were protected from avoidable harm through the use of equipment, for example, to reduce the risk of harm if they were to fall out of bed. Risks were managed so that people were protected and their freedom supported and respected. Risk assessments were reviewed when people went to stay at the unit.

There was a procedure to follow if there was a fire at the service. Posters were displayed around the building which included photographs of the fire exits and the meeting point. This meant people were more likely to recognise the exits they should use if the fire alarm sounded. There were also personal evacuation plans, however they were stored in individuals files which meant it would be difficult to grab in an emergency. We raised this with the provider who shortly after the inspection confirmed they had changed the way they are stored in response to our concerns.

Staffing levels were determined by who was currently using the service, for example, some people had one to one staffing needs. Therefore, staffing numbers varied to take this into account. One person told us they felt there was enough staff to support everyone. They said, "Some people have one to one staff, but there are plenty of others." Another person said the staff were nice and that the staffing levels, "Depend on how many clients come in."

There had been a recruitment freeze which meant there had not been any new staff and vacancies had been filled through transfer of staff from another service run by the provider or agency staff. We spoke with two of these staff and they told us about the process and the training they had undertaken to support people with different needs to those they worked with previously. Staff had visited the service and undertaken 'shadow shifts' so they could decide whether a move to Kentish Road was the right one for them. Once they agreed to the move, they completed an induction and training about understanding adults with learning disabilities. In addition to permanent staff employed at Kentish Road the service also used agency staff to cover shifts. There were agreed protocols in place for this and the agency staff were known to people using the service. Where people had a preference for male or female staff this was always adhered to.

People received their medicines as prescribed. People brought enough medicine with them for their stay. Medicines were counted and checked in when they arrived, checked after every dose was administered and again when the person left the service. A Medication Administration Record was completed to record that people had received their medicines.

Medicines were stored safely and appropriately. Staff who administered medicines were trained to do so

and there was always a trained staff member available on every shift who could give people their medicine. People could look after and administer their own medicines if the risk assessment indicated this would promote their independence.

Requires Improvement

Is the service effective?

Our findings

When we last inspected the Respite Unit for Adults with Learning Disabilities 32 Kentish Road we found some aspects of people's care and support were provided without their consent or any best interests decisions in place. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The Mental Capacity Act provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. The provider sent us an action plan which stated that no information about people's care and support would be provided to their relatives without the written permission to share this information by the person. Where permission to share documentation could not be signed by a person, the provider said they would convene a "Best Interests Meeting" to clarify if such personal information should be released.

During this inspection we found the provider had attempted to address our concerns in this area. Forms were in people's files which were designed to show consent had been gained to both provide care and support and to send information home. However, the majority of forms had been signed by a relative, some of whom did not have the legal authority to sign the forms which meant the consent given was not legal. There were not any records of best interests decisions in the absence of anyone having the legal authority to sign. The information sent home, detailing what people had done during their stay was less intimate than was previously sent and staff said they would not send information home if the person did not want them to. Although improvements had been made, the provider was still not following guidance from The Mental Capacity Act 2005 Code of Practice about how the MCA is applied to people in practice.

This is a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people's privacy was compromised because staff monitored people in their bedrooms through the use of listening devices. People had not been asked for their consent to have monitors in their room, there were not any best interests decisions documented or consent forms signed by people with the legal authority to do so.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we last inspected the Respite Unit for Adults with Learning Disabilities 32 Kentish Road we also found the provider did not support staff in their roles through supervision and appraisal. This was a breach of Regulation 18 HSCA (RA) Regulations 2014. During this inspection we found there was a system in place which ensured staff received monthly supervision and annual appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. One staff member confirmed this and said the supervision was "regular and it's good."

Staff had received training in subjects such as moving and handling and infection control, to enable them to support people they worked with. A local authority social care professional said, "My experience of staff has always been positive and where any issues have arisen they have identified training needs and sought to address to these." However, not all staff had received the necessary training to support a person who received some of their nutrition through a percutaneous endoscopic gastrostomy (PEG). A PEG is a tube that allows food to be given directly into the stomach. Some staff had been trained by a health care professional, but one staff member told us they had been shown how to use the PEG by another staff member rather than having the training which meant their competence could not be evidenced. There was not a record of who had received the training. There were written guidelines in place but these were not detailed enough to be able to guide staff who may not be familiar with using the PEG. We raised this with the provider who immediately took action to minimise the risk to the person when they next used the service.

Staff sought consent from people with their day to day care and support. Staff enabled people to make choices such as what to wear and whether to shower or bath. Staff understood people's responses to choice through language, body language or Makaton symbols and their choices were respected. Makaton is a language programme using signs and symbols to help people to communicate.

The Deprivation of Liberty Safeguards (DoLS) provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. People usually stayed at the service for only a short time, and chose to spend time there as a "holiday". However, some applications for DoLS had been made to the local authority and these were under consideration.

People told us they thought the food was, "Nice", and that they, "Could have something different to the two main meal choices." People were involved in buying and preparing food when appropriate and there was a choice of food available. Some people went out to day services during their stay and took a packed lunch. Staff cooked two choices for dinner, but all needs were catered for, such as vegetarian, gluten free and soft diets.

People had access to healthcare services when they needed it. Staff supported them to visit the GP if they became unwell during their stay. Staff made referrals to other health care professionals such as occupational therapist and community nurses when necessary.

Good

Is the service caring?

Our findings

Staff developed caring relationships with people using the service. One person told us they liked talking to different staff and described the relationship they had with one particular staff member. They said "[Staff name] is my keyworker, we look after each other." A keyworker is a named member of staff responsible for aspects of an individual's care and support. This staff member was on duty during our inspection and we observed a reciprocal relationship between them, for example, making hot drinks for each other. A relative told us they thought staff cared about people and that staff got to know the people they supported.

Staff demonstrated they cared about the people they supported. One staff member told us about a strategy they had used to promote interaction with one person who used the service. They told us, "In the summer, [person] was watching a DVD, I opened the patio doors, put drinks and snacks on the table outside, to encourage [person] to come outside. [The person] came out, didn't look at the table, but started to brush the leaves. We spent an hour outside, [the person] didn't drink or eat but did interact with me. I felt the bee's knees! It is the buzz and reward you get here, when people come and give you a hug and say 'see you.'"

An external healthcare professional told that the service had supported somebody they supported in the community. They said "Although the service was no longer involved [with the person] they have accommodated my needs quite well in the way they found time in their busy professional lives to meet with me and provide the required information [for the person's ongoing care planning]. I felt that they were very caring and appeared to have known the service user's needs very well. The other positive thing about the service was that they did their best to ensure their attendance at the [person's care planning] meetings and also allowed us to use their premises for the meetings."

People made choices during their stay at the unit. Although some people were allocated a particular bedroom because of the type of equipment in the room, such as a ceiling hoist, others could choose which room they would like during their stay. One person told us about the choices they made. They said, "If you don't want to go out, you can stay in your room and watch telly, play your [hand held computer game], you can do anything. You can have a lie in if you're not working, they leave you [in bed]. You can stay up as late as you want to."

Staff respected people's dignity when supporting them with personal care. One person told us they did not routinely need support with personal care but that, "Staff helped me dry my hair after my shower, as I find it difficult." They also confirmed that staff would knock on the bedroom door before going in.

Staff knew how to meet people's personal care needs and the ways to support different people. One staff member told us the best way to encourage one person was to discuss it with them "first thing" as they liked a bath once there. If the person did not want a bath, staff said they would offer a wash instead and were clear that it was their choice to make.

Staff told us how they understood people's body language when offering personal care to people who did not speak. Staff said, "I'll knock, I've known them for a while, I understand their body language, for example,

[person] will pull their duvet back over them which means they don't want to get up. I suggest going for a shower, they will not go if they don't want to." Another staff member told us how they understood one person's communication: "One [person] rubs his tummy, it can mean he is hungry or wanting a bath. So if I pick up a towel and he follows, I know he wants a bath, if not, I know he's hungry."

There was a named dignity champion at the service. The role of a dignity champion is to challenge poor care practice, act as a role model and educate and inform staff working with them. The dignity champion had received training in the role. They attended quarterly forums and ensured all staff were aware of current ideas and good practice around dignity.

Good

Is the service responsive?

Our findings

Each person had a care plan in place which was reviewed regularly. Care plans covered various aspects of people's lives including their everyday preferences and their health and social care needs. People using the service tended to use other services managed by the provider so a care plan which could be used across all the services whilst identifying people's differing needs at different services was being developed. However, staff told us they were unsure about how to complete the parts they needed to complete and felt they needed training and extra time. We brought this to the attention of the provider and training was available within days of the inspection.

The service was responsive to people's individual needs. One staff member said, "Some people need peace and quiet, everything you can think of is done to accommodate them whilst not taking the building from others." We were told about one person who came into the service earlier than other people as it was quieter. Staff had identified that the person was agitated if they came in at the same time that everybody else did because of the noise. As a lot of staff at Kentish Road were new, the person came in with their care worker they were familiar with from another service and they spent time in the sensory room. This meant the person was calmer and more settled. When booking respite dates for the person, staff also considered who else was booked in at the same time and sometimes suggested other dates as necessary to ensure the person had the best experience whilst they were there.

People were supported to engage in activities and interests and could continue with their usual day time routines or not, as they wished. One person told us they went out with staff and they recalled a time when they had a, "Lovely day out, we had girl's time, we went for a drive to the forest and had a cup of tea." A staff member said, "We give them a choice, we ask what they do like to do".

One person was an avid supporter of the local football team and there was a match whilst the person was using the respite service. The person needed a staff member to enable them to attend the match and were asked who they would like to go with them and their choice was arranged. Consideration was also given to which staff member would understand football as the person needed staff to provide a running commentary to be able to fully understand the game. A staff member told us this was about, "Making life fun and meaningful", for people, as it was more than needing a staff member to physically support them.

The provider had a complaints procedure which was displayed on boards around the home. People said they would feel able to talk to staff if they had concerns and a relative said, "I tell them what's on my mind." One of the staff said, "You do get complaints, for example, missing socks. I apologise and ask what can I do to make it better?"

People and their relatives were told how they could complain and given a copy of the terms and conditions which include complaints information. When complaints were made they were recorded and responded to within the timeframe detailed in the procedure. Letters sent in response to complaints included an apology when necessary.

Requires Improvement

Is the service well-led?

Our findings

The provider was displaying their ratings certificate from the previous inspection in a conspicuous place to meet the regulation which requires them to do so. The future of the service has remained uncertain as the service is planned for closure. People using the service, their relatives and staff were aware of this. The provider had not yet given a date for the closure and staff reported that morale was generally low.

There had been a number of staffing and management changes at the service since the last inspection. At the last inspection there was not a registered manager in place but the manager in charge was registered in February 2016. Subsequently the registered manager left and a new manager was registered in October 2016 and worked part time at the service. Two senior staff members had also left within this timeframe and some staff told us how unsettling the changes had been.

We found a number of concerns regarding the quality of the service people received. We found one person's care plan showed that a speech and language therapist (SALT) had assessed them as needing thickened fluids but they were not given thickened drinks. We spoke with the provider about the risk to this person and they contacted the SALT again to clarify the current situation. The outcome was that the person could have their drinks without being thickened and that the care plan was out of date.

Three people were assessed as requiring anti-suffocation pillows, which they needed due to living with epilepsy. Staff in charge were not aware of this, although other staff were. There were two pillows in the service but these had been washed and were bunched up and staff said they were not usable in this condition. We raised this with the provider who subsequently ordered new pillows which should be in place before the people use the service again.

Some people were assessed as needing bed rails to reduce the risk of harm when in bed. One person's care plan showed bed rails could only be used if staff followed conditional guidelines set by the Occupational Therapist, one of which was half hourly checks. Staff confirmed that they followed the other guidelines in place but the visual checks were every hour. We brought this to the provider's attention and half hourly checks were put in place straight away and evidenced through the record keeping when we next returned to continue the inspection.

Although the provider was prompt in addressing these shortfalls, we were concerned that they would not have been addressed had we not identified them. We recommend the provider review and take action to improve their quality assurance systems with regard to care plan and equipment audits.

The new registered manager was unavailable during our inspection and the provider had notified us of their absence. We received positive feedback about the registered manager. A staff member said "[The registered manager] is nice and supportive and very professional." A local authority social care professional told us the new registered manager was keen to engage with them and had, "Presented as open in their communication and confident to ask questions and discuss scenarios for feedback and learning points. Overall I feel this is a positive service provider with an honest and open attitude who are able to readily take

on practice advice. Certainly when staff need to discuss [people] they do so with dignity and warmth."

The provider sought feedback from people using the service by holding meetings and sending surveys. When meetings were held at the service, people using the service that day would take the lead. We spoke to one person who staff involved in the day to day running of the service.
The provider had sent surveys to people and their relatives in November 2015 and the responses were positive. This year's survey was being planned for November. A system of auditing quality was in place and audits covered areas such as medicines, health and safety of the environment and infection control. Where issues were identified action was taken by the time of the next audit.

Staff meetings were held so that staff could discuss the needs of individuals as a team, as well as discussing the service in general and any management updates. Some staff were designated as "champions" for a range of topics, including falls, medicines, infection control, safeguarding, activities and nutrition. The role of a champion was to challenge poor care practice, act as a role model and educate and inform staff working within the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The provider did not ensure people's privacy was respected.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider did not follow guidance from The Mental Capacity Act 2005 Code of Practice about how the MCA is applied to people in practice.