

Leading Lives Limited

Short Break Respite Unit

Inspection report

7a Finborough Road
Stowmarket
Suffolk
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08 April 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 08 April 2016 and was announced. We gave the service a few hours' notice as we wanted to make sure that people would be there when we visited the service.

The Short Break Service supports adults with a Learning disability and provides a short break or respite care service for up to four people at any one time. In total there were 34 people being supported by this service and the length of stay varied depending on peoples individual requirements. On the day of our inspection there were three people using the service and following our visit we spoke with a number of relatives about the care provided.

There was a registered manager in post at the time of the 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.

The feedback we received from relatives about the service was very positive and they told us that their relatives looked forward to their stays and staff were very caring. There were systems in place to protect people from potential harm. Staff were clear about the reporting mechanisms and were confident that concerns would be taken seriously. Risks were identified and there were plans in place which provided clear guidance to staff about how they should be managed and risks minimised.

There were clear procedures in place to ensure that staff who were recruited had been subject to checks and were suitable for the role. Staffing was organised to meet people's needs and ensure continuity of care. New staff received a comprehensive induction which gave them the knowledge they needed to perform their role. Existing staff received regular updates and were supported to keep up to date with practice and changes. Staff had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DOLS) and the implications for the people using the service. Further training on this area was planned. Individuals were supported to have food and drink of their choice and there were clear systems in place to identify and support people with allergies. Relatives told us that staff were alert to changes in their relatives health needs and sought medical advice appropriately during their stay.

Staff were caring and knew the individuals they supported and how they communicated. Care plans were informative and detailed. Incidents were recorded and reviewed to identify learning and how best to support individuals. Relatives told us that they were kept up to date with changes and what activities individuals had participated in during their stay. Concerns were dealt with in an open way and relatives told us that staff and management were approachable.

There had been some recent staff changes and some relatives expressed concerns about potential changes as the service had worked so well in the past. However, staff morale was good and staff were optimistic about the future and the service they delivered. There were clear arrangements in place to oversee and

monitor the quality of the service which included audits and surveys where the views of peoples who used the service and their relatives were obtained.

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 provider had a whistleblowing policy and safeguarding procedures to guide staff in how to report concerns and staff were aware of these.

People's likelihood of harm was reduced because risks to people's health, welfare and safety had been assessed and risk assessments guided staff in how to mitigate the risks and keep people safe from harm.

The provider's recruitment procedures demonstrated that they operated safe and effective systems. There were sufficient numbers of staff who were used in a flexible way to support individuals.

Medicines were securely stored and there were clear arrangements in place for the management and oversight of medicines.

Is the service effective?

Good ●

The service was effective. Staff were well trained and effectively supported.

Staff had been trained to understand their role with regards to the Mental Capacity Act 2005.

People's dietary needs were met and they were supported to access healthcare support if they needed to do so during their stay at the service.

Is the service caring?

Good ●

The service was caring.

Relationships were warm and staff knew the individuals they were supporting.

Individuals were consulted about their care and their support needs and enabled to make their views known.

Is the service responsive?

Good ●

The service was responsive

Individuals had a detailed care plan which set out their needs and preferences and provided staff with the guidance they needed to provide care in a consistent way.

Individuals were supported to follow their interests and access a range of activities in the local community.

There were systems in place to respond to complaints and other mechanisms to ascertain people's views and their experience of using the service.

Is the service well-led?

Good ●

The service was well led. The culture of the service centred on promoting the quality of life for people.

Staff understood their roles and responsibilities and told us that they were well supported by the management team.

The provider had a range of systems in place to monitor the quality of care and plans to drive improvement of the service.

Short Break Respite Unit

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.

This inspection took place on the 08 April 2016 and was announced. As the service provided respite care we telephoned the manager a couple of hours before our visit to let them know that we would be inspecting. We wanted to make sure that the service was operational and people would be present for our visit.

The inspection team consisted of one inspector.

Before the inspection we reviewed information we held about the service, such as notifications about incidents or accidents. A notification is information about important events which the service is required to send us by law.

The individuals using the service at the time of our inspection had limited ability to verbally communicate their views and tell us about their experiences however we observed the interactions between them and staff. We subsequently spoke with seven relatives about the care provided. We interviewed four staff, the team leader and the manager.

We reviewed three support plans, daily records, staff recruitment and training records, records relating to the quality and safety monitoring of the service.

Is the service safe?

Our findings

Relatives told us that the service supported their relatives well. The service was described as a, "Lovely place" and that they, "were as safe there as anywhere."

There were clear arrangements in place to protect people from abuse and potential harm. Staff told us that they had undertaken training in safeguarding procedures and were clear about what was abuse and understood the need to report concerns. Staff told us that they were confident that if they raised concerns with the homes management they would be addressed. They knew what whistleblowing was and understood their responsibilities to report concerns. We saw that body maps were in place to record any injuries along with an explanation as to how they had been acquired. There were clear arrangements in place for the management and oversight of people's money while they were using the service. Money was recorded on admission and discharge and receipts obtained for expenses. A log was maintained of all purchases and we checked a sample of money against the records and these tallied.

Risks were identified and there were plans in place to manage them and reduce the likelihood of harm. We saw that there were risk assessments in place for areas such as falls and health conditions such as epilepsy. One individual had been identified as being at risk of falls at night and there was a clear plan which set out what actions staff should undertake to reduce the risks. This included ensuring the bed was at the lowest setting. Individuals with a diagnosis of epilepsy had a clear plan which set out how they should be supported, when for example, walking on the stairs or having a bath to reduce the risk of injury. The management plan provided staff with the guidance they required to mitigate the risk of harm should the individual have a seizure. This included what medication should be administered and when the emergency services should be contacted.

The building was clean and in a good state of repair. There were assessments in place to address environmental risks such as fire and infection control and these had been reviewed and were up to date. Records demonstrated that the fire safety equipment was regularly checked to ensure that it was safe and working effectively. All individuals had a person emergency evacuation plan (PEEP) which set out what was needed if they needed to be evacuated in the event of a fire.

The manager told us that staffing levels were flexible and were adjusted to suit the level of dependency of the people using the service. On the afternoon of our visit there were three staff supporting three individuals which enabled one member of staff to undertake the administration associated with booking in individuals who were staying at the service for the weekend. The manager told us that generally they operated with two staff throughout the waking day but this was flexible and could be adjusted in response to people's specific requirements. Staff were positive about the levels of staffing and told us that there were sufficient staff to meet people's needs. The manager described how the service had a core team of staff who were supported by a second team who worked across supported living service. This meant that shortfalls such as in the event of staff sickness, shifts were covered from within the team and that people were supported by staff who knew them. Relatives told us that this worked well and ensured that their relatives had continuity of care when they went to stay at the service.

We saw that there were clear procedures in place to recruit staff and to reduce the likelihood of recruiting individuals who were unsuitable for the role. Staff completed an application form and identification checks were undertaken. References were requested from applicant's previous employer and disclosure and barring checks (DBS) were undertaken prior to individuals starting work at the service. The manager told us that relatives had recently been involved in the recruitment process and this had worked well.

People's medicines were managed safely. Relatives told us that their relative received their medication as prescribed and we observed that care plans identified how people liked to take their medicines. We observed staff checking in people's medicines at the beginning of their stay. There were clear systems in place to check the amount of medicines coming into the services and leaving at the end of individual's period of respite. We looked at a sample of medication administration charts and saw that these were up to date and corresponded with the medicines that individuals were prescribed. Medicines were securely stored in a lockable cabinet. Staff described how there was a clear system for families to advise of updates or changes to medication between stays and that the policy was that medication had to be administered from original pharmacy provided containers. The temperature of the room was not routinely logged but the manager immediately put this into place. Staff told us that they had been provided with training before administering medicines and were able to describe the procedure that they would follow should there be an anomaly between the prescription label and MAR. One of the relatives told us that when there had been a change in medication the staff had contacted the GP to clarify and they told us that they were, "Glad they had done this," as it showed that they were thorough.

Is the service effective?

Our findings

One relative told us that, "Staff seem to do a lot of training." Another told us that staff were knowledgeable and, "Were very good and dealt with [their relatives] anxiety well."

Staff were supported to develop the knowledge they needed to meet people's needs. Staff told us that they had good access to training and were enabled to keep their knowledge up to date. One member of staff told us that, "There is lots of training, I have done medication, safeguarding, moving and handling and managing epilepsy." Another member of staff said, "If we are not sure they will give us extra training." The manager provided us with a copy of the training matrix which logged all the training which staff completed and enabled the homes management to identify when refresher training was due. There were some gaps but evidence was subsequently provided to demonstrate that staff were supported to access additional qualifications such as obtaining professional qualifications such as the Qualification and Credit framework (QCF) and training to update their knowledge and skills.

The manager told us that they were in the process of introducing a different approach to supporting people with their behaviours and it was planned that all staff would attend additional training. This focused on viewing behaviour in a positive way and as a method of communication.

We saw that newly appointed staff received a comprehensive induction which prepared them for the role. The manager told us that as part of the induction staff completed the new Care Certificate. This is a national initiative to develop staff and demonstrate they have key skills, knowledge and behaviours. We spoke with some of the new staff as part of the induction and they told us that they had worked alongside experienced staff as part of their induction and attended at least twelve days of formal training. One member of staff told us, "They continually ask me if I am comfortable, it is really good and it has made it work for me."

Staff told us that they received regular supervisions and they met with a manager to discuss their progress. We saw that appraisals were also undertaken

The manager was aware of their responsibilities under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DOLS). We observed staff seeking people's consent as they went about their duties and before providing support. We saw evidence on individual's records to demonstrate that people had been asked for consent for areas such as medicines and photographs. Training had recently been provided to staff on the mental capacity act and the implications had been discussed at recent staff meetings. We saw an example where an individual's capacity to make a decision had been assessed and a best interest decision was in place, as required by the legislation.

People were supported to have food and drinks of their choice and healthy eating was promoted. We saw that the fridge was well stocked with fresh fruit and vegetables. On the day of our visit people ate different meals which reflected their different preferences. A member of staff told us that they didn't have a set menu as people had what they liked on the day, although they often prepared a roast at the weekend and all sat down together to eat. We observed staff offering people choices and saw that people's likes and dislikes

were included in the care planning documentation. A summary also available in the kitchen for staff to use as part of meal planning and shopping. Where individuals had been identified as diabetic or requiring a soft diet this was clearly documented. Staff told us that they purchased specific items for individuals with conditions such as coeliac disease and "treats" for others who had favourite dishes. This was confirmed by relatives we spoke to, who said that staff knew their relative and what they liked to eat.

People were supported to maintain their health and wellbeing during their stay in the service. One relative told us that staff were aware of their relative's health and knew how to manage the situation if there was a problem. Other relatives told us that staff were alert to changes in their relative's health and kept them informed seeking advice from health professionals appropriately. Health passports were in place which provided key health information about individual health conditions as well as information about how people liked to take their medication and details of any allergies for example to toiletries.

Is the service caring?

Our findings

One relative told us, "The staff are brilliant, they are very caring." Another relative told us that it was clear that staff, "Love their job" because of how they went about it. Another relative described how their relative looked forward to their stays and regularly checked the calendar for the date of their next visit. .

We observed that staff spoke to people in a kind and compassionate way. The atmosphere was calm and relaxed and the interactions were warm and friendly. We observed one individual going up to a member of staff and stroking them on the face. Another individual smiled when the member of staff came near. A member of staff noticed that one individual was unusually quiet and showed concern and sat with them to ascertain how they were feeling. The individual later said, "I am alright." We observed a staff member supporting an individual with an activity and this was undertaken in a positive way with lots of, "well done" and "I like the way that you have done that."

Staff knew the people they were supporting and how they communicated. They were able to outline how they ascertained and respected people's wishes. We observed staff asking people for their views and using a number of ways including showing people items to help them make a choice. Each individual had a communication support plan which identified how individuals communicated that they might be thirsty, hungry or feeling sad. The plans provided staff with guidance about how to use the signs such as individual's body language to make a judgement about what the individual was communicating. Staff told us that the management of the service took areas such as compatibility between individuals into account when planning people's stays at the service. End of stay questionnaires were in place where individuals were asked about their stay. Staff observations were also included, with the aim to look at what worked well or could change to improve their next stay.

People's privacy was respected by staff and we observed a member of staff very discreetly asking one individual if they would like to use the bathroom. We saw that one person liked to eat their meal in their room at their own pace and this was respected by staff. Staff interviewed demonstrated that they had a good understanding of people's privacy and dignity and were able to outline how they ensured this was respected when they were assisting with personal care. A member of staff told us that some individuals preferred to be supported by a female member of staff and this was accommodated and staff would swap their shifts if necessary to make this work. The manager told us that dignity was a key area which underpinned other areas such as safeguarding and therefore was discussed as part of team meetings and other forums.

Is the service responsive?

Our findings

Relatives told us that the staff knew their relatives and understood their needs. The majority of individuals who were using the service had done so for some time but we saw that assessments were undertaken when they first started to use the service. This information was used to develop a detailed care plan which provided information on any specific health conditions and the impact on the individual. It set out people's preferences and how they should be supported. We saw that when people's needs changed the plan was updated. Information was collated on incidents where individuals had been distressed and this was used to develop strategies to support individuals and improve their quality of life. The manager told us that the aim was to look at why things were happening and avoid restrictive practices developing. We saw that the service completed a service report on a yearly basis which reviewed the bookings for respite stays and any incidents or learning which had been identified over the last year. Reviews were undertaken and the documentation evidenced that people's goals and aspirations were discussed as part of this process.

Daily records were maintained and staff told us that they were updated when people's needs changed and handovers took place at regular intervals.

Relatives told us that they were kept up to date with how their family member's short break had been. We saw records on individual's files called personal feedback sheets which were sent to families following an individual's stay. This detailed what activities the individual had participated in, how they had spent their time and details of any incidents which had occurred. These were written in a positive way and highlighted people's successes.

People took part in activities according to their individual interests and abilities. One relative told us, my relative, "Enjoys meeting up with people she knows and going out to places of interest." Another person told us that the breaks worked well but occasionally their relative was bored as they didn't always have transport. Generally however relatives told us that their relatives participated in a good range of activities during their stay. One person told us that their relative liked to bake during their stay and another relative told us that their relative liked to have a spa bath as this helped them to relax. One member of staff told us that during the week, people were often tired and liked to spend the evenings relaxing but at weekends they liked going out and doing activities locally. We observed that on the evening of our visit people participated in different activities. One person had been for a walk and settled down to play on their tablet and another watched a DVD. One individual did some crafts with a member of staff and staff told us that they were making a laminated picture for the door of their room to ensure that it was personalised for them when they came to stay. We saw that there were a range of spaces that people could use including the garden and a summer house which they had planned to turn into a games room. We saw from people's records that they accessed a range of community services including the leisure centre, the museum and local cafes.

Relatives of people who used the service told us that they would complain if they were concerned about any aspect of the relative's stay at the service. The majority of people told us that they did not have cause to raise any concerns but where relatives had raised issues they told us that they were satisfied that their concerns were taken seriously and investigated. They told us that management had been approachable and

assurances had been given that the matter was dealt with. We looked at the records of complaints and saw that no complaints had been received in the last year. Previous complaints had been investigated and an apology given where a shortfall had been identified.

Is the service well-led?

Our findings

Relatives told us that this was a, "well run" service and "a Fantastic place." They were full of praise for the staff and told us that their relatives enjoyed their respite stays there. Staff were described as "down to earth" and "easy to talk to" and were accommodating of changes when problems such as illness arose.

There was a registered manager in post who also managed a separate supported living service which supported people in a number of nearby locations. The service had recently been through a period of change and a long serving team leader had recently left. Relatives spoke positively about the new management but had not all met the new management team. They were anxious that things may change. One relative told us, "This service has worked so well and we are worried about the future and what might happen."

Despite the uncertainty staff morale was good and staff told us that they worked in a good team and they supported each other. One member of staff told us, "This is the best job I have ever had." Another member of staff said, "We have a new team leader who is still learning but who is just like us and has a very positive approach." Staff told us that the management were approachable and supportive and they felt able to raise issues and make suggestions for improvement. We saw that staff had access to regular staff meetings, supervisions and annual appraisals. There were clear communication systems in place to ensure that messages and other key information was passed from one shift to another. Records were well organised and staff were able to easily access information when this was requested. Risk assessments were in place and the environment was clean and well maintained.

Staff were clear about what they were trying to achieve and the aims of the service. One person told us, "We support people to do what they want to do." We saw that there was a group of "friends" who supported the service who was made up of families and other interested parties and staff told us that this group fundraised and provided extras where needed, such as the summer house and other upgrading works.

The provider had systems in place to monitor the quality of the service and to address shortfalls. Incidents and accidents were logged. Checklists were in place to evidence that checks were undertaken on areas such as cleaning. Health and safety reports were undertaken and the manager and team leader showed us that they were part way through completing this current audit. The manager told us that managers from other services undertook quality assurance inspections and we saw a schedule of planned visits. Where visits had been undertaken a report was produced which evidenced that a range of areas were looked at including safeguarding, complaints, nutrition and care planning.

We saw that the provider undertook a number of surveys to monitor the quality of care and ascertain the views of people who used the service, friends and family. We looked at the results of some of these surveys and saw that they were overwhelming positive. The manager told us that an external audit had been undertaken by the local authority quality team and showed us a copy which again was very positive.