

Lancashire County Council

Chorley & South Ribble Short Break Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

Chorley & South Ribble Short Break Services provides short breaks for up to four adults with a learning disability, physical disability or sensory impairment. All accommodation is on the ground floor. Two bedrooms are larger in size, have ceiling tracking and specialist en-suite facilities, suitable for people with physical disabilities. There is ramped access to the home and also to the garden. The home is situated in a residential area close to the centre of Leyland.

The service is managed on a day to day basis by a Team manager and is provided line-manager support by the registered manager. 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.

When we last inspected the service in November 2015, we found concerns relating to consent, safe care and treatment, safeguarding people from abuse and good governance. We took action to ensure the provider made improvements to the service.

During this inspection, we looked at how people were protected from bullying, harassment, avoidable harm and abuse. We looked at records relating to incidents of abuse within the home. We found that there had been an incident where a person who accessed the service had been physically abusive towards three other people who were at the service at the same time for respite.

During this inspection, we found care plans that we viewed contained a range of risk assessments, which addressed areas such as safety when bathing and financial support. We found that these risk assessments had been reviewed on a regular basis. However, when tracking the care of one person with behaviours that challenge, we found there were some gaps in this process. For example, risk assessments had not been embedded in relation to behaviours that pose a risk to others.

When we inspected the service in November 2015, we found medicines were not managed safely and we made a recommendation about this. We looked at people's care plans during this inspection and again found several issues around medicines management.

We looked at recruitment processes and found the service had recruitment policies and procedures in place to help ensure safety in the recruitment of staff.

When we inspected the service in November 2015, we found the service did not always gain valid consent to care, in line with national guidelines and legislation. At this inspection, we found that the service had started to implement mental capacity assessments. Assessments we looked at were comprehensive and demonstrated that staff had a good awareness of the Mental Capacity Act (MCA).

We looked at nutritional care records and found that people's likes and dislikes had been recorded throughout their support plans. Daily records had been maintained for people's nutritional intake and this information was sent home with them.

During this inspection, we observed two people receiving support for a short period during the morning of the inspection. Staff interacted with both service users in a kind and considerate way.

We received positive comments about the staff and about the care that people received. People's support plans showed their circle of support. Support plans were written with easy read pictures to facilitate people with learning disabilities.

The care plans we viewed contained evidence that referral assessments had been carried out prior to a person being offered short stay placements at the service. We found that information throughout many care plans held a good standard of person centred detail.

We looked at the complaints that had been received since the last inspection and found evidence that complaints had been dealt with and any lessons learnt were implemented.

During this inspection, we found the service had improved the way it used quality assurance systems. However, the systems were still in the process of being implemented across the service due to the new management team. Therefore, it is too early to report on the effectiveness of these. However, the issues we identified with medicines and risk management had not been identified by the service through its current quality assurance systems.

Regular team meetings were taking place. We found a positive staff culture was reported by all the staff members we spoke with. We found the registered manager was familiar with people who used the service and their needs. We found the management team receptive to feedback and keen to improve the service. They worked with us in a positive manner and provided all the information we requested.

We found a number of continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to safe care and treatment and safeguarding people from abuse. 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?

Requires Improvement 

The service was not always safe.

We found that medicines management was not always safe.

We found some incidents had not been reported.

Staff were asked to undertake checks prior to their employment with the service to ensure that they were not a risk to vulnerable people.

Staff were aware of the providers safeguarding policy and how to report any potential allegations of abuse or concerns raised.

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

Is the service effective?

Good 

The service was effective.

People's rights were protected, in accordance with the Mental Capacity Act 2005.

Staff were skilled and received comprehensive training to ensure they could meet people's needs.

There was evidence of staff supervisions and appraisals.

Is the service caring?

Good 

The service was caring.

From our observations during the inspection we saw staff had positive relationships with people who use the service, staff interacted with people in a kind and caring way.

We received some positive comments about the staff and about the care that people received.

Is the service responsive?

Good 

The service was responsive to people's needs.

Relatives told us people were happy and that their loved ones received personalised care and support.

Assessments were completed prior to agreement of services and they showed a good standard of person centred detail.

Care plans were in place and contained person centred information to help guide staff.

People using the service were supported to take part in activities.

People using the service were supported to take part in activities.

Is the service well-led?

The service was not always well led.

The registered manager had implemented a range of quality audits and risk assessments but these were not yet embedded to assess effectiveness.

Management had not identified the ongoing concerns with medication and risk management.

Staff enjoyed their work and told us the management were always available for guidance and support demonstrating there was a positive culture.

Requires Improvement ●

Chorley & South Ribble Short Break Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 10 and 17 January 2017. The inspection was unannounced. The inspection team composed two adult social care inspectors, one of which is the lead inspector for the service.

Prior to this inspection, we looked at all the information we held about this service. We reviewed notifications of incidents that the provider had sent us. 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.

At the time of our inspection of this location, there were two people who used the service. We met one of them prior to them returning home and spent some time observing them receiving care and support. However, not everyone could provide us with verbal feedback. We were able to speak to five relatives of people who used the service on a regular basis. We also spoke with five staff members, and the registered manager. This enabled us to determine if people received the care and support they needed and if any identified risks to people's health and wellbeing were appropriately managed.

We also looked at a wide range of records. These included; five people's care records, three people's medicines records, three staff personnel records, a variety of policies and procedures, training records, medicines records and quality monitoring systems.

Is the service safe?

Our findings

Relatives we spoke with told us: "Yes, my relative is safe when they visit the service": "It's a home from home I'm very happy". And: "It's safe I couldn't wish for a better service for my relative".

When we last inspected the service in November 2015, we found that the provider was in breach of Regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2014 in relation to failure to safeguard people from abuse.

During this inspection, we looked at how people were protected from bullying, harassment, avoidable harm and abuse. We looked at records relating to incidents of abuse within the home. We found that there had been an incident where a person who accessed the service had been physically abusive towards three other people who were at the service at the same time for respite.

We found that referrals had not been made to the local safeguarding authority and risk management plans in relation to the incidents had not been recorded.

The registered manager was not aware of these incidents, however when we informed them immediate action was taken.

The above findings demonstrated a continued breach of Regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We asked staff about their understanding of safeguarding. Staff told us that they felt confident to raise safeguarding concerns and demonstrated a good understanding of safeguarding referral principles.

When we last inspected the service, we found that risk assessments were not always adequate, and there was a lack of sufficient risk management for individuals to enable staff to provide safe and person centred care.

During this inspection, we found care plans that we viewed contained a range of risk assessments, which addressed areas such as safety when bathing and financial support. We found that these risk assessments had been reviewed on a regular basis. However, when tracking the care of one person with behaviours that challenge, we found there were some gaps in this process. For example, risk assessments had not been embedded in relation to behaviours that pose a risk to others. The Team manager showed us examples of a new behaviour management plan for the person however, this had not been finalised or made accessible for staff to read in the care file. This meant that staff may not have all the necessary information to support the person in a safe manner.

This amounted to a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we inspected the service in November 2015, we found medicines were not managed safely and we made a recommendation about this. We looked at people's care plans during this inspection and found several issues around medicines management. Medicine administration was being completed outside of the providers own policies and procedures.

At this inspection, we looked at how the service managed people's medicines we found that robust systems had still not been implemented.

We looked at three people's care records associated with medicines administration and viewed stocks of medicines within the home for one person.

We looked at controlled medicines and found that records such as the index were not always updated when a person was discharged from the service and had taken their medicines home. Failure to maintain robust recording systems around controlled medicines meant that the service was not effectively monitoring and auditing its daily practices. This was a repeated concern from the last inspection.

There was one person accessing the service throughout the day of inspection. We looked at the person's MAR and found that recording of medicines was not as stated on the prescription label. This meant that the person was at risk of not receiving their medicines as prescribed. For example one medicine prescription label stated directions for the medicine to taken for 20 weeks, the person's MAR did not include this detail.

We found that a topical medicine was being administered without a prescription label, the person was being administered a topical treatment daily and this was signed for on the MAR. However, when we looked at the cream there was no identifiable prescription label. We found a further two topical treatments that were not on the person's MAR, we could not ascertain if these treatments had or had not been administered. We found that topical medicines were being held alongside oral medicines. This meant that storage of medicines was not always hygienic.

We looked at the provider's medicines policy and procedure and found that there was no information around the management of topical medicines.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that medicine amounts were recorded on admission and when we stock checked one person's medicines we found no discrepancies. MARs had been signed by two staff members following administration of medicines.

We looked at training records and found that staff had received training around the management of medicines. Staff told us: "I have been on medication training and I have my competency checked on a regular basis". And: "The manager observes us administer medicines on a frequent basis; the training we get is informative".

We found that the service had reporting systems for accidents. We asked staff about their understanding around reporting and recording accidents. Staff told us "I am confident in reporting accidents; we have emergency call buzzers so we don't need to leave the person whilst we call for help". And "We have an accident and incident log, we report all incidents to the Team manager and in their absence the on call manager".

We looked at recruitment processes and found the service had recruitment policies and procedures in place to help ensure safety in the recruitment of staff. Prospective employees were asked to undertake checks prior to employment to help ensure they were not a risk to vulnerable people. We reviewed recruitment records of four staff members and found that robust recruitment procedures had been followed. We found appropriate pre-employment checks had been completed to ensure staff were suitable people to work at the service. We saw the provider obtained references and undertook checks with the Disclosure and Barring Service (DBS). The DBS checks help employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable people. This meant people were supported by staff who were appropriate people to deliver care.

We asked staff if they felt there were sufficient numbers of staff to provide care and support for people receiving the service. Staff told us: "Staffing levels are good": "Staffing is flexed according to the needs of the people we are supporting". And: "Staffing is good; it is always reviewed by the manager".

We looked at personal emergency evacuation plans [PEEPS] for people who used the service. We found that reviews had taken place, and that the plans had been updated following fire evacuation drills.

Is the service effective?

Our findings

We observed staff support people who accessed the service. We saw that staff had good skills to communicate with people on an individual basis.

People we spoke with told us staff were well trained and competent: "Staff are fine, approachable and helpful". And: "Staff are really good at their job".

Staff told us that they received effective training: "I have been on training that helps me do my job": "In comparison with other employers I find my employment here is excellent, including training and support from the managers". And: "When I first started I had a massive amount of training from the council and we are provided refreshers".

Staff told us that they felt supported by the management team: "I have supervision on a regular basis, sometimes it can be for a few hours and it gives me the opportunity to discuss work and personal needs". And: "Supervision is really good; we discuss my role, the team, clients and any concerns".

During our inspection, there was one person in the property for half an hour prior to leaving for the day to visit Blackpool. Another person was leaving to attend a day service then would be returning home. We observed staff interact with both people, it was clear that support staff understood the needs of both people and engaged with them in a person centred way. We observed one support worker sit with a person and reassure them about what staff were due to come on duty, it was evident that the support worker had experience of working with people living with a learning disability.

At our last inspection, we found the service did not always gain valid consent to care, in line with national guidelines and legislation. We checked whether the service was working within the principles of the Mental Capacity Act 2005.

The 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 make 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 service had started to implement mental capacity assessments. Assessments we looked at were comprehensive and demonstrated that staff had a good awareness of the MCA.

We found that staff had received training around the MCA. Staff told us "Yes I feel confident to assess a person's capacity". And: "We assess whether people can make decisions around agreement to their short stay and managing their own finances, we are starting to look at decision making around medicine

administration".

We looked at nutritional care records for two people. We found that people's likes and dislikes had been recorded throughout their support plans and one person was recorded to be on a weight reducing diet. Daily records had been maintained for people's nutritional intake and this information was sent home with them.

One person who accessed the service told us: "The food is good, I get plenty". And: "I can help myself to food and drinks".

A support worker told us that they felt confident cooking for people and they had been trained in food hygiene. The communal kitchen area was accessible and clean. We found that people had access to a variety of food and snacks.

We looked at people's care records and found that people's needs were assessed and regularly reviewed to ensure their needs had not changed. Staff accurately reflected the changing needs of people, and how they might require different support from day to day. This included examples of where people's behaviour might change or be affected by certain events, such as illness.

Is the service caring?

Our findings

When we last inspected the service in November 2015, we found caring relationships between people who accessed the service and staff members. During this inspection, we observed two people receiving support for a short period during the morning of the inspection. Staff interacted with both service users in a kind and considerate way.

We received some positive comments about the staff and about the care that people received. One person who accessed the service told us: "Staff are kind". And: "It is brill here".

Relatives told us: "The staff are good [Name removed] gets a brilliant service". And: "Staff are really nice".

People's support plans showed their circle of support. The information included their key worker at the service, professionals involved at day care services and family links. Support plans were written with easy read pictures to facilitate people with learning disabilities.

At the last inspection, we found that that people had not been actively involved in the review of their care plans. We asked relatives if they felt they were included in plans about their loved ones' care. They said: "Yes we are involved in the care planning, we get phone calls". And: "There are always questions about any changes and they involve the family too".

We looked at a care review for one person; this had been completed 12 months ago and included person centred information. However the document had not signed in agreement by the service user, a mental capacity assessment had not been completed in respect of the person's ability to be involved in the care planning process.

As with the last inspection, we found that the service had policies and procedures that covered areas such as confidentiality, privacy and dignity.

We saw that people had individual bedrooms when they stayed at the service. People had their own space that facilitated privacy and independence. People's individuality was maintained and they were able to maintain their independence within the home.

The manager was knowledgeable about local advocacy services, which could be contacted to support people or to raise concerns on their behalf. Advocates are people who are independent of the service and who can represent people or support individuals to express their views.

Is the service responsive?

Our findings

Relatives we spoke with told us that their loved ones enjoyed visiting the service. One said: "[Name removed] would attend every week if they could". Another told us: "There is a lot for my relative to do they are always on trips and meeting up with friends".

The care plans we viewed contained evidence that referral assessments had been carried out prior to a person being offered short stay placements at the service. Staff told us that they were involved in this process and had the opportunity to visit people in their home environment. A support worker told us that they have recently been involved in the assessment of a new service user and training had been provided for the person's specific physical and mental health needs.

We looked at support plans for four people. We found that these had been written in first person terminology, for example, 'I prefer to have a shower' and 'I live at home with my dad'. We discussed this with the registered manager who agreed that support plans would be written in conjunction with people who have the ability to write their own plans moving forward or written by support staff in third person, including people's voiced and understood preferences.

We found that information throughout many care plans held a good standard of person centred detail. One person's care plan told a story about their current preferences, education, family connections and enjoyed activities.

We looked at peoples care records and found that daily activities were organised on a person centred basis. During our inspection, one person was being supported to visit Blackpool in the mini bus and another was attending day services.

A person who accessed the service told us: "I went to a party this week; staff took me in the bus". Staff told us: "We always have enough staff to support people out into the community". And: "If people are tired after day services we might just go to the pub for a soft drink or watch a film with them, whatever they prefer".

During our last inspection, we found that documentation around complaints was not always completed and reviewed. We looked at the complaints that had been received since the last inspection and found evidence that complaints had been dealt with and any lessons learnt were implemented.

We spoke with relatives about raising complaints, they told us: "I have met the new manager and would approach them if I had any concerns": "I feel confident to speak to staff about anything". And: "I feel very confident to complain, if it was needed".

We saw evidence where a person who used the service had complained. This was done using an easy read format complaint form. We saw that the service had fully addressed this complaint; they had spoken to staff and prepared a response for the person to be fed back on their next stay.

We saw evidence in care files that the service was making necessary referrals and seeking support on how best to meet people's needs.

Is the service well-led?

Our findings

During our last inspection in November 2015, we found processes designed to assess and monitor the quality of service provision were not being operated effectively. We also found that notifications were not always sent as required.

Following our inspection, we took action to make sure improvements were made. We carried out this inspection to check what improvements had been made.

During this inspection, we found the service had improved the way it used quality assurance systems. However, the systems were still in the process of being implemented across the service due to the new management team. Therefore, it is too early to report on the effectiveness of these.

We discussed with the Team manager how they monitored quality and reviewed a number of audits that had been completed recently.

Evidence was available to demonstrate that varieties of areas were being managed, such as safeguarding concerns, health and safety incidents, accidents and complaints. We found that where issues had been highlighted through audits and checks, action was taken to improve the service.

However, the issues we identified with medicines and risk management had not been identified by the service.

Providers of health and social care services are required to inform the Care Quality Commission, (CQC), of important events that happen in their services. During this inspection, we found that the registered manager of the service had informed CQC of significant events that had been identified as required. This meant that we could check appropriate action had been taken.

Regular team meetings were taking place; staff told us that they were invited to attend meetings every 6-8 weeks. Staff member said: "Meetings are good, we have open discussions". And: "Meetings are regular; we have had a responsive meeting today to discuss a safeguarding incident".

We found a positive staff culture was reported by all the staff members we spoke with. Staff told us: "I can talk to the manager at any time; my concerns are always acted upon": "Morale is up and down, but at the moment it is good because we have two new managers": "Any concerns I can just call the manager or the on call manager". And: "I am happy in my employment and very much supported".

We found the registered manager was familiar with people who used the service and their needs. This showed the manager took time to understand people as individuals and ensured their needs were met in a person centred way.

Staff used a communication book during shift handovers. This was used to record things that happened on

a daily basis and to direct staff to read a particular person's care records. This helped staff keep up to date with people's changing needs or provided an update on a specific event.

We found the registered manager was familiar with people who used the service and their needs. One response from a professional said: "The service is always most helpful. One relative said: "The service you provide is really fantastic".

Surveys were also completed with people who use the service following their stay; the forms were in easy read format. Responses included: "I like having the TV remote": "Enjoyed being out in the bus". And: "I like my friends".

Policies and procedures were available in an easy read format to help ensure that these were accessible to people who use the service.

We found the management team receptive to feedback and keen to improve the service. They worked with us in a positive manner and provided all the information we requested.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not always have suitable risk management arrangements and strategies in place to make sure that care and treatment was provided in a safe way for all service users.</p> <p>Regulation 12 (2) (a) (b)</p> <p>The provider did not have suitable arrangements in place to ensure that all medicines were managed in a safe way.</p> <p>Regulation 12 (2) (g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider did not always follow arrangements in place to protect service users from abuse and improper treatment.</p> <p>Regulation 13 (1) (2).</p>