

Knowsley Metropolitan Borough Council

Lydbury Crescent Chance for a Break Service

Inspection report

23-25 Lydbury Crescent
Southdene
Kirkby
Merseyside
L32 9RD

Tel: 01515466551

Date of inspection visit:
10 October 2017
11 October 2017
16 October 2017

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24 October 2017

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

This inspection was carried out over three days on the 10, 11 and 16 October 2017. We visited the service announced the first two days and held telephone discussions with family members on the third day.

Lydbury Crescent Chance for a Break Service is based in a residential area of Kirkby and run by Knowsley Metropolitan Borough Council. The service provides short term respite care for up to five adults with a learning disability. At the time of the inspection visit there were three people using the service.

At the last inspection in April 2015 the service was rated Good. At this inspection we found the service remained Good.

Risks people faced were identified and measures were put in place to reduce the likelihood of harm occurring. Staff knew the different types of abuse and how to recognise and report any concerns they had. People were kept safe by the right amount of suitable staff. The process for recruiting new staff was safe and thorough. Background checks were carried out periodically to ensure staff remained suitable for their role. Procedures were followed to ensure people received their medicines safely.

People received care and support from staff who received training and supervision for their role. People's rights and best interests were promoted in line with the Mental Capacity Act 2005. People's consent was obtained prior to the delivery of any care and support. People's dietary needs were understood and met and people enjoyed a variety of food and drink appropriate to their needs.

People were treated with dignity and respect and their privacy was promoted. Positive relationships had been formed between people who used the service, family members and staff.

People's needs were assessed prior to each stay they had at the service and where a change in a person's needs had been identified their care plan was updated to reflect this. Information was made available to people in an accessible format. A complaints policy and procedure was made available to people and relevant others. People and family members were confident about complaining should they need to.

The leadership of the service was inclusive and positive. The quality and safety of the service was assessed and monitored and the required improvements were made so that people received a service which was safe, effective and responsive to their needs.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Lydbury Crescent Chance for a Break Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 10, 11 and 16 October 2017 and was announced. We gave the service 48 hours' notice of the inspection because it is small and people are often out with staff. We needed to be sure that they would be in. We visited the service on the first two days of the inspection and held telephone interviews with family members on third day. The inspection team consisted of one adult social care inspector.

We spoke with three people who were using the service at the time of our inspection visit. We also spoke with the registered manager and five members of staff. We looked at the care records relating to four people including, care plans, daily records and medication administration records.

Prior to the inspection we reviewed information we held about the service including notifications of incidents that the registered provider sent us since the last inspection, including safeguarding information.

We contacted local commissioners of the service and no concerns were raised about the service.

Is the service safe?

Our findings

People told us they had no concerns about their safety during their stay at the service. One person said, "Oh yes I feel very safe" and another person said, "They [staff] make sure I'm safe". Family members told us they felt confident that their relative was safe throughout their stay at the service. Their comments included; "No concerns what so ever about [relative] safety" and "No worries at all".

Risk assessments were carried out in respect of each person prior to their first stay at the service and a risk management plan was put in place for any risks identified. These provided staff with information and guidance about how to keep people safe during their stay. Risks were reviewed prior to each stay and were appropriate risk management plans were updated to reflect any changes in a person's needs.

No new staff had been employed to work at the service since the last inspection. However the registered provider had a recruitment and selection policy and procedure which set out safe recruitment practices. This included of a range of pre-employment checks including a check with the Disclosure and Barring Service (DBS). The registered manager provided us with records which showed that a subsequent check with the DBS was carried out in respect of each member of staff every three years from the date their employment commenced. This helped the registered provider ensure that staff remained suitable for their role.

There were sufficient numbers of suitably qualified staff on duty to keep people safe. The amount of staff needed to keep people safe was determined based on each person's individual needs at the time of their stay. People told us they thought there had always been enough staff on duty to keep them safe during their stay and this was also confirmed by family members.

Staff had completed safeguarding training and they had access to information and guidance about recognising and reporting abuse, including the Local Authorities Safeguarding policy and procedure. Staff knew the different types of abuse and the signs which may indicate abuse and they were confident about reporting any safeguarding concerns.

Staff had completed medication training and underwent regular competency checks to assess and monitor their practice. Staff also had access to information about the safe management of medication. Medication and medication administration records (MARs) for each person were checked by two staff at the beginning of each person's stay. This helped to ensure that the right medication was available and that instructions for use were accurate. Each person's medication was individually stored in a secure place.

Each person had a Personal Emergency Evacuation Plan (PEEP) which instructed staff on how to evacuate them safely from the building in the event of an emergency. PEEPs were reviewed at the start of each person's stay and they were located together in a dedicated area making them easily accessible to staff. An emergency contingency plan which was in place covered the arrangements in the event of an emergency such as fire, gas leaks, floods and failure of utilities. Safety checks had taken place at the required intervals on systems and equipment used at the service. This included checks on the fire system and equipment,

electrical appliances, water temperatures and moving and handling equipment.

Is the service effective?

Our findings

People told us that they received the care and support from staff that did a good job. People also told us that they enjoyed a variety of food and drink during their stay at the service.

Staff received ongoing training and support for their role. Each member of staff completed training required of them which included topics relevant to their roles and responsibilities and the needs of people who used the service. The registered manager maintained an up to date record of staff training which enabled them monitor and plan training for each member of the staff team. Staff told us they felt well supported and received an appropriate level of training and support for their role. Staff met regularly throughout the year on a one to one basis with either the registered manager or a senior member of the team. Staff also attended an end of year review with their line manager. These meetings enabled staff to discuss in private their performance, development and training requirements.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff had a good understanding of the MCA and DoLS. Records confirmed that training in MCA and DoLS had been undertaken by staff. Some of the people who used the service lacked capacity to make important decisions for themselves. Records showed that when needed, people had mental capacity assessments in place. Staff we spoke with understood the importance of gaining consent from people before offering support and we observed this during the inspection.

People's nutritional and hydration needs were assessed and planned for when they first began to use the service. The plans were reviewed at the beginning of each person's stay and where appropriate they were updated to reflect any changes. The plans detailed people's food likes and dislikes, food allergies or intolerances, any special dietary requirements, equipment and support people needed to eat and drink. Staff were knowledgeable about people's dietary needs.

The names and contact details of any health and social care professionals involved in people's care and support, such as GPs, community nurses and social workers was recorded in their care files. This enabled staff to contact the relevant professionals should they need to during a person's stay at the service. People were supported to attend any healthcare appointments which were scheduled during their stay at the service.

Is the service caring?

Our findings

People told us that all the staff were polite and caring. Their comments included; "They [staff] are all very nice" and "I like all of them [staff] they are very kind". Family members told us that the staff had formed positive and trusting relationships with their relative. Their comments included; "They get on really well with [relative] and know all their habits and routines", "I trust all the staff which is really important to us" and "They are like [relative] extended family".

We observed positive relationships between people who used the service and staff. Staff engaged people in banter and there was a lot of laughter between them. One person said "They [staff] make me laugh and I like that". Staff knew people's hobbies and interests and engaged people in discussions about them. A member of staff sat with one person in the lounge watching DVD's about a particular interest the person had.

People were treated with dignity and respect and their privacy was promoted. Staff were patient and gentle in their approach. For example, when assisting a person to transfer by use of a stand aid staff reassured the person throughout and encouraged them to take their time. Staff assisted the person to the bathroom and after entering the bathroom staff made sure the door was locked behind them. After using the bathroom staff assisted the person back to their seat in the lounge, rearranged their cushion and checked on the person's comfort.

Information relating to how people preferred their support to be given was recorded in care plans. This included important details such their preferred gender of carer.

Personal information about people who used the service was kept securely when not in use. Records which were in use were closely supervised by staff and put away safely after use.

Is the service responsive?

Our findings

People told us that they had no complaints about the service but if they did they would tell someone. Family members told us they knew how to make a complaint and would not hesitate to complain if they needed to. One family member said, "I have raised issues in the past and there was no problems getting them sorted", another family member said "[registered manager] is really good at listening to any issues and he has always talked to us about the best way to sort it".

Each person had a care plan detailing their needs and how they were to be met. The care plans were developed based on assessments obtained when people first began to use the service. At the beginning of each person's stay a pre-stay assessment was carried out and when required care plans were updated to reflect any changes in a person's needs. Family members confirmed that they and their relative were fully involved in the assessment process.

Care plans and all other relevant information about people's care and support needs were made available to staff. There was a handover system in place for staff so that they could share any changes to people's needs on a daily basis. Discussions and observations showed that staff had a good understanding of people's needs and preferences.

Each person's care plan included details of their preferred hobbies and interests and how they preferred to spend their time whilst staying at the service. Some people preferred to continue with their usual day and night time routines such as attending day centres and clubs and staff supported this. Staff supported people to access the local community during their stay at the service. This included trips to the local shops, pubs and cafes.

Information and guidance for people was available in easy read formats, including care plans, policies and procedures, and how to make a complaint. Pictures, signs and symbols which people were familiar with were used alongside clear written information in plain English making it more accessible for people who have difficulties reading. The registered manager told us if required the information would be made available in other formats such as audio and braille.

Is the service well-led?

Our findings

The service has a manager who had registered with CQC in December 2014. 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.

People, family members and staff were familiar with the management structure of the service. They knew that the registered manager had overall responsibility for the day to day management of the service and who was responsible in their absence. The registered manager devised an on call rota which detailed the names and contact numbers of senior staff to be contacted should staff need advice, guidance or support in their absence and out of office hours.

The registered manager and senior carer promoted a positive culture that was person centred, inclusive, relaxed and friendly. Family members and staff told us that both the registered manager and senior carer were approachable, fair and good listeners. One family member said "[registered manager] is so approachable and always finds a solution". Another family member said "I can honestly say I have no concerns about the management and how they run the place".

The quality and safety of the service was regularly checked. The registered manager carried out checks at regular intervals on all aspects of the service including; care plans and associated records, health and safety of the environment and equipment and staff performance. The registered manager received ongoing support from a senior manager who carried out periodic checks at the service on behalf of the registered provider. Action plans for improvements were developed and followed through where concerns with safety and quality had been identified.

Registered providers are required by law to inform CQC of important events that happen at the service. No reportable incidents or events had occurred at the service since the last inspection. However the registered manager knew of their responsibilities to notify us as required.

The use of surveys were used to obtain feedback about the service from people and relevant others such as family members. At the time of the inspection the registered manager was awaiting responses to recent surveys sent out. However people and family members were invited to provide feedback about the service at the end of each person's stay. The feedback received since the last inspection to date was positive.

The registered provider had displayed their ratings from the previous inspection in line with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20A.