

Derbyshire County Council

High Peak Short Break Service

Inspection report

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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

This inspection took place on 12 August 2016. The last inspection took place 31 October and 13 November 2013 and the service was compliant with all the areas we inspected.

High Peak Short Break Service provides accommodation and personal care for short periods for adults with a learning disability who normally live in their own homes. Some people receiving care also have physical disabilities and mobility difficulties. The service provides care for a maximum of three people at a time and is based in the village of Hadfield in the High Peak area of Derbyshire.

There was a registered manager and a 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.

People felt safe and secure using the service. Staff understood how to keep people safe. Staff understood how to protect people from potential harm and how to report any concerns. There were systems and procedures in place which were followed to ensure appropriate pre-employment checks were made prior to staff working with the people who used the service.

People received support from staff who had completed a range of training to ensure they had the knowledge and skills to effectively meet people's needs. Medicines were stored and managed in a safe manner.

People were treated with dignity and respect by staff who were kind, caring and compassionate. Staff had a good understanding of people's complex and individual needs and preferences. Staff promoted people's independence. Where possible, people were involved in the planning and delivery of their care. Care plans were reviewed and relatives were actively involved in sharing their knowledge of their family member to ensure consistency in people's care and support.

Effective communication between staff and managers was in place at the service and staff felt they were kept updated and involved with the running of the service. Staff felt supported by the management team. Staff told us it was a nice place to work and there was a culture of being open, fair and transparent. Staff received supervision and attended team meetings.

People and their relatives were asked for their views about the service. Auditing systems were in place to monitor the safety and quality of the services provided to people.

The provider had a complaints procedure in place and relatives felt confident if they had a concern, they would be addressed in a timely manner.

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.

People and relatives felt safe with the staff who provided care and support. Staff understood local safeguarding procedures and the requirement to report any concerns and keep people safe. There were enough staff to support people's needs. The provider's recruitment procedures were followed, to ensure staff were suitable to work with people in their own homes. Medicines were stored and managed in a safe manner.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to effectively assist and support people. People were happy with the care and support provided by the staff; relatives felt staff supported people in the decisions about their care. Should it be necessary, staff ensured people were supported to receive additional medical support.

Is the service caring?

Good ●

The service was caring.

Staff were kind, caring and compassionate in their interactions with people. Staff recognised the importance of respecting and maintaining people's dignity and privacy. People were supported to make decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support to meet their needs; people were able to follow activities of their choosing. Relatives were aware of how and who to make complaints to. Complaints were responded to and any actions and response was recorded. People's needs were assessed prior to the service

providing any support, to ensure the service was able to meet people's needs.

Is the service well-led?

Good ●

The service was well-led.

People were encouraged to provide feedback about the services they received. Staff felt supported by the registered manager. Team meetings took place, to ensure continuity of the services being provided. Auditing systems were in place to monitor the safety and quality of the services provided to people.

High Peak Short 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 the 12 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a short break service and we needed to be sure that someone would be at the service. The inspection team consisted of one inspector.

We reviewed information we held about the service, which included a review of the previous report for this service and a review of notifications they had sent us. A notification is information about important events which the provider is required to send us by law. 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. The PIR also provides data about the organisation and service. We reviewed this information as part of our inspection planning.

We spoke with one person who used the service, a relative, three care staff, a deputy manager, the manager and the registered manager. We also spoke with a social care professional. We looked at care plans for two people who used the service. We looked at records relating to health and safety, staff training information and information on how the service was managed.

Is the service safe?

Our findings

People using the service felt safe. When asked if they thought people were safe at the service, a relative told us, "I would not let [person's name] come if I thought it was not safe." They continued by saying, "I could not rest if I thought it was not safe."

Staff knew and understood the process to follow for reporting potential abuse. This included how to report to the local authority and CQC. The manager was aware of their responsibilities in relation to promoting the safety of people. The manager told us, "We must ensure our clients are Protected and kept safe." The manager and registered manager understood their role and responsibilities in maintaining people's safety when they used the service. They knew how to report any concerns to the Care Quality Commission (CQC) and local authority.

When asked, a relative told us, "There's enough staff; when [person's name] stays there is always enough staff." Staff told us there were staff available to meet people's needs and at a time when people needed. A social care professional told us the managers at the service ensured staff were available and in sufficient numbers to reflect the needs of people. There were enough staff to provide care and support to people in a timely manner. We saw staff levels were allocated to meet the needs of people and their assessed needs. As the service being offered was for short breaks, the staffing levels were flexible to the needs of the people when they stayed at the service.

We spoke with a new member of the staff team. They were very clear they had not been allowed to provide any care or support until relevant pre-employment checks had been completed. We looked at staff recruitment records which confirmed checks were undertaken before staff began working for the provider. The checks included obtaining references, proof of identity and undertaking criminal record checks with the Disclosure and Barring Service (DBS). This meant people and relatives could be confident the provider had carried out appropriate checks to ensure prospective staff were suitable to provide care for the people using the service.

The care records we reviewed contained risk assessments to support people's health, safety and well-being. Risk assessments included actions to take should an emergency, such as a fire occur. We saw personal emergency evacuation plans (PEEP's) were completed for each person who used the service. When individuals stayed at the service a photograph and colour coded cards were attached to bedroom doors for a discrete reminder for the level of assistance people required in such an emergency.

A staff member told us, "Safety of people is important and we (staff) make sure the environment is safe." The staff told us there was a, 'Don't Panic Book' kept at the service. The staff told us this book was very helpful and gave them guidance of what to do in unforeseen emergencies. We reviewed the book, which contained essential information in relation to situations such as, complaints, if a person goes missing, safe medicines administration. There was information guiding staff on how to report any incidents of concern to 'Call Derbyshire', which is the local authority's out of hours service. This enabled staff to know how to keep people safe should an untoward incident occur. This reassured us the staff had information to ensure there

was a plan and guidance in place for events which could affect the running of the service.

We looked at the management of medicines in place at the service. The service has a medicines policy to guide staff and to ensure medicines were managed in accordance with current guidance. Staff had received medicines training and were observed by a member of the management team to ensure procedures were safe. A staff member told us, "I have completed training in medicine's; I don't give medicine's at the moment because I am currently shadowing and will be observed by a manager before being able to work alone." We saw medicines assessments were completed prior to people using the service. All medicines were signed for correctly and there were no gaps in the records. The management team ensured information was sought from relative's to ensure medicines administration records (MAR) were current and up-to-date.

Is the service effective?

Our findings

A relative told us they thought the staff had the skills and knowledge to meet the needs of their family member. We reviewed staff training records, which showed a range of training was arranged for staff to attend to support their practice and to enable them to effectively support and meet people's needs. A staff member told us, "We have loads of training; training is on-going and it helps to develop my skills and knowledge."

New staff completed a period of induction and shadowing of an experienced member of staff. A staff member told us, "We are put with other staff before we work alone with people." The staff member saw this as a positive way of preparing them for working with people. They went on to tell us, "It helps to develop our confidence and understanding." Staff confirmed the provider's induction was thorough and prepared them for their role. The provider also had procedures in place to ensure new staff participated and also completed the Care Certificate as part of their induction. The Care Certificate identifies a set of care standards and introductory skills that non-regulated health and social care workers should consistently adhere to.

Staff sought people's consent before they assisted them with any care or task. We saw, when required, capacity assessments had been completed; people's views and beliefs had been sought and taken into account in relation to best interest decisions. There were procedures and guidance available in relation to the Mental Capacity Act 2005 (MCA). 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We asked staff to tell us what they understood about the MCA. One member of staff told us, "Everyone has capacity, unless it has been proved otherwise." They went on to explain, "We always give people the opportunity to make decisions." Another member of staff said, "We must always offer people choice and never make the decision for them, just because it is quicker." A third staff member told us, "We must offer people choice and support them to remain and lead as independent life as possible." This showed the service was working within the principles of the MCA.

As the service did not always have people staying and using the service, shopping and menus were completed in preparation and in advance for each person's stay. We saw essential everyday food supplies were kept and any fresh items were purchased prior to a person being admitted for their short break. People were encouraged to participate in shopping and food preparation during their stay. Special dietary needs and requests were catered for during people's stays at the service. One person had a fluid chart in place for staff to record and monitor the person's fluid intake. Staff had recognised, during their stay at the service, the person ate well however only drank small amounts. The person's relative told us the staff had discussed their concerns with them and implemented the fluid chart as a result. This showed the staff recognised people's individual needs and ensured people had sufficient to eat and drink.

A relative told us the staff informed them if their family member's health changed and they required an appointment with their doctor. We saw information was available in people's care records to inform and guide staff in relation to people's health needs. For example, we saw information was available regarding one person's epilepsy and how staff should support the person should they experience a seizure. A staff member told us they would have no hesitation in contacting a relevant health professional or relative should they be required. The staff member told us they had a duty of care for the people in their care and would always ensure people's needs were effectively met.

Is the service caring?

Our findings

Relatives were complimentary about the staff and the service. One relative told us, "Without this service we could not live and manage." They went on to tell us, "[Person's name] loves coming; she loves coming and that makes me feel content and happy."

A relative told us, "The time [person's name] spends at the house, gives her time away from us; it gives some independence." They went on to say, "She loves it so much, she wants to stay and that makes me happy." During our inspection, we saw and heard staff chatting and engaging a person in a kind, respectful and thoughtful manner. For example, we saw staff took time to sit and chat about things of interest to the person.

A relative told us, "Staff are great. They are supportive of [person's name] needs, choices and preferences." Staff were kind, caring and compassionate. It was evident staff understood how to support people in a manner which met their needs. At our inspection visit we discretely observed staff interaction with a person using the service. The staff knew they had to offer lots of positive reassurance and support to the person.

Staff were respectful of people's right to privacy and maintained their dignity. Staff told us when they provided people with support and personal care, they ensured people's dignity was retained. Staff described covering people, being discreet, closing curtains and doors and ensuring people were happy and comfortable with the support they received.

Staff were positive and supportive of people; staff assisted people to live as independent and fulfilled life as was possible. For example, people chose what activities they wanted to participate in when they stayed at the service. A staff member told us, "We respect people's right to privacy and dignity; it is important to me and important to the service users." This showed staff understood and respected people's right to dignity and privacy.

The care and support people received was personal and individual to their needs. Staff told us they worked with people to develop relationships. Staff spoke of how they worked with people to develop the support that the person wanted. The staff recognised people stayed at the service to give them and relatives a break. The staff saw the role of the service as being one to mould around each person as opposed to the person fitting in with the service.

Is the service responsive?

Our findings

People and their relatives were involved and included in decision making about their care. People were listened to and encouraged to make choices about their care. For example, during our inspection visit we saw and heard staff supporting one person using the service. The staff were mindful of including the person and communicated with them in a manner which they understood. Staff ensured their language was not complex and was free from jargon; staff respected the choice and preferences of the person.

During our inspection visit, we heard staff offering choice to a person staying at the service. Staff were familiar with the person's individual needs and ensured care and support was provided in a manner which met their needs. We saw from care plans that people had been involved in their care and care planning. For example, we saw people had been involved in choosing which bedroom they slept in during their stay. Staff used objects of reference to enable people to make choices, for example, they showed different foods and drinks to ensure the person was able to make an informed decision. We also saw people were given choice about what activities they joined and participated in when they stayed at the service. A staff member told us, "We work with people and at their pace; we offer choice and work together with the person in the way they want to be supported."

People's care was personalised and reflective of their individual needs. People's daily records and care plans were completed each time a person used the service. The records provided a good summary of care people had received. We saw staff were encouraged to document and pass on any learning from their experiences of supporting people. For example, we saw a 'learning log' for staff to record, 'what the person did, what worked, what didn't go well and what staff learned.' We also saw people had a pre-assessment of their needs completed before receiving any care or support from the service. This showed people's care was personalised and staff shared their learning and knowledge to ensure people's needs were met.

People were supported to create and complete their care plans and these included their own individual aspirations and goals. Care plans were also designed in a format that was easy for people to understand. For example, they included words with signs and symbols to help people to understand the care and support being provided to them. We saw people's needs were reviewed and when necessary changes made. Staff were able to give details of the care they provided to people. This meant people's care needs were being provided in a way which met their needs.

We saw the provider had information about how to complain, and this was also available in an accessible format of pictures and words so people knew how and who to complain to. A relative told us they knew how and who to complain, but had no cause to. A relative said, "I don't have any concerns or complaints; but I know I can if things change." They went on to tell us they felt the relationship with the staff and the manager was one which meant if there was ever anything of concern, they would feel happy in speaking up. The service had received only a small number of complaints and we saw systems were in place for any concerns or complaints to be formally documented and followed up by the management team. This showed us arrangements were in place to address any concerns and complaints.

Is the service well-led?

Our findings

A relative told us, "The managers are really so supportive." They went on to tell us they had a good relationship with the staff and the managers and felt reassured they could ask them for advice and support if ever it was needed. Staff told us the service promoted an open and inclusive culture. The staff said they felt valued and listened to by the management team and could approach them or ask for advice at any time. One staff member told us, "

The manager told us there was a supportive and open culture at the service. They went on to tell us, "I aim to work with the team; I hope staff see me as open and supportive." We saw evidence of staff having received regular formal supervision and annual appraisals. There were also minutes of team meetings having taken place. This showed there was a supportive culture for staff.

The service was led and managed by a newly appointed registered manager, with the support from a well-established management team. Staff told us they worked well together as a team, they felt supported by colleagues and managers and described communication as, "Good." The wider management team comprised of a manager and deputies, who had worked at the service for a number of years. The management team had a sound understanding of the running of the service. The service had a focus on ensuring people received the support they wanted when they used the service.

The manager and registered manager understood their responsibilities and knew written notifications, which they are required by law to tell us about, needed to be submitted at the earliest opportunity. For example, notifications of a safeguarding concern or significant event. Clear arrangements were in place for the day-to-day running and management of the service. The manager told us they felt supported by a team of staff who worked together to provide a good service to people. The staff knew there were arrangements for out of hours advice and assistance should this be necessary.

Staff reassured us they knew and understood their roles and responsibilities. They told us they felt supported by the management team at the service. A member of staff told us they felt confident in raising any worries or concerns they had to any member of the management team. Another member of staff told us they had confidence any concern or complaint would be taken seriously by the registered manager and management team. A third member of staff described the registered manager as, "Very supportive and available when support is needed."

The provider had monitoring systems in place to assess and evaluate the quality of service people received. People's views were sought to ensure the service they had received was meeting their needs. The provider had established audit processes to ensure the safe and effective standards were being provided to people who used the service. For example, we saw accident and incident records had actions documented, with the aim of preventing recurrence. We saw an unannounced health and safety audit had been conducted by the provider, with positive verbal feedback. This meant, people and their relatives could be reassured that people's health, safety and welfare was taken seriously.