

Flexible Support Options Limited

# Queensbridge Respite

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Outstanding ☆

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Queensbridge Respite is a care home providing a short break service for adults who have a learning disability or a physical disability. The service can provide care and support for up to six people at a time. At the time of the inspection 60 people were registered for short breaks at Queensbridge.

The service was registered and designed before the principles and values that underpin Registering the Right Support and other best practice guidance was introduced. People who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

People received care and support from a staff team who were exceptionally well managed, highly skilled and committed to providing a high-quality service. There was a shared ethos of valuing each person as an individual with strengths, ambition and aspirations.

Staff were committed to supporting people to develop their independence, learn new skills and grow in confidence. Every achievement was acknowledged and celebrated be it cooking a meal for people or moving to a residential college.

The staff team were proactive in working with people, family members and other professionals to develop bespoke transition plans and care and support plans. People were equal partners in their care and support and introductions to Queensbridge Respite were led by the person and their individual needs. Any specific equipment or training staff needed to keep people safe and well cared for during their short break was provided before people visited the service.

There was a culture of inclusion and staff worked together to develop and review support strategies. All incidents were reflected on, so the team and organisation could learn and improve. Any changes to care and support plans were discussed with family members and people so there was full inclusion and agreement.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind, caring and compassionate towards people, respecting and promoting people's dignity and independence. People were communicated with using their preferred method of communication and in this way were involved in making decisions about their care and support.

Staff worked in partnership with other agencies to provide consistent and effective care and support. Feedback from other professionals was incredibly positive with one care provider stating the support had been "invaluable."

The service applied the principles and values the principles and values of Registering the Right Support and other best practice guidance. These ensure people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection (and update)

The last rating for this service was requires improvement (report published 20 February 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Outstanding ☆

The service was exceptionally effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Queensbridge Respite

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was completed by one inspector.

#### Service and service type

Queensbridge respite is a 'care home' providing short break services for people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we received about the service since the last inspection including changes, events or incidents the provider is legally obliged to send us within a required timescale. We sought feedback from the local authority and safeguarding authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

Some people who used the service were not able to share their views on the care they received. We met and spent time with six people who were having a break and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with one family member during the site visit, and a further five by telephone, about their experience of the care provided. We spoke with nine members of staff including support workers, housekeeping, the two assistant managers, the registered manager, the operation manager and the quality and compliance manager.

We reviewed a range of records. This included three people's care records, person-centred plans and medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and a recent quality assurance audit and report.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely; Assessing risk, safety monitoring and management

At our last inspection the provider had not always managed medicines safely or taken all practical steps to protect people from avoidable harm or risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed safely. GP summary sheets were provided before each stay so staff were aware of people's prescribed medicines, dosages and administration instructions. Medical guidance was sought if needed and a thorough process for booking medicines in and out of the service was followed.
- Staff had been trained in the new procedures and regular competency checks and workbooks were completed. Time had been taken to work with family members, so they understood the reasons why changes had been made.
- Managers completed regular audits of medicines and areas for improvement were acted upon.
- Risks relating to people's needs had been assessed and steps taken to minimise and manage those risks.
- Risk assessments, particularly those relating to epilepsy, were very detailed. Protocols were in place to support staff in the administration of emergency medicines and when to seek medical support.
- Appropriate checks of the building and equipment were completed. Staff had been trained in the use of assistive technology, including epilepsy alerting systems, and appropriate contingency plans were in place for if the technology failed.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to safeguard people from abuse. Staff had attended relevant training and were able to describe how people's behaviour and personality may change if they were being harmed.
- Family members told us their loved ones were safe. No one we spoke with had any concerns about safety.

Staffing and recruitment

- Safe recruitment procedures were followed and there were enough staff to meet people's needs.
- People and their family members were asked to contribute questions when new staff were being interviewed.
- There were elements of outstanding practice as the skills and interests of staff were matched with the needs, choices and interests of people who were having a short break. Staff supporting people with specific activities were also matched based on interests. An assistant manager said, "If the staff and the person have

a shared interest, the person is going to have a far better experience."

- Staffing levels changed depending upon the needs of the people who were having a short break at any given time. This was managed flexibly and appropriately.

#### Preventing and controlling infection

- The home was very clean and tidy with no malodours.
- One person happily helped the housekeeper with their laundry. They looked very proud of their achievement and were praised by all the staff.
- Support staff had daily household jobs to complete which people were encouraged to be involved with.

#### Learning lessons when things go wrong

- Lessons had been learnt since the last inspection in relation to the management of risks, medicines and the analysis of accident and incidents.
- The culture was open and transparent. Staff were encouraged and supported to reflect on any incidents, so lessons could be learnt. This included reflecting on the management of the service to see if they could have done anything differently or provided additional support and training for example.
- There were opportunities to learn from external safety alerts and the sharing of best practice was included in management meetings.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. Feedback described it as exceptional and distinctive.

Staff support: induction, training, skills and experience

- Staff were exceptionally well trained and supported by a management team committed to making sure people were supported by highly skilled staff who could meet their needs.
- Staff completed mandatory training and training specific to people's needs. This included experiential training, so staff could feel what it may be like to have autism and sensory needs.
- Staff focused on learning people's individual communication styles. Communication workshops were held, and one person was involved in leading a workshop on Makaton.
- The whole team understood the importance of learning and reflecting on people's experiences. This helped develop the skills and knowledge of the staff whilst also identifying areas for development.
- Staff completed an induction to the organisation as well as a specific induction tailored to Queensbridge Respite. A staff member said, "I spent time getting to know everyone, shadowing other staff, reading care plans and doing all the training I needed. It was very thorough"

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs, and choices were holistically and comprehensively assessed in partnership with family members and other professionals. A member of the management team took lead responsibility for each assessment and acted as the key contact, so positive relationships and trust could be built.
- Transition plans were incredibly detailed and included information relating to health, emotional and social needs as well as personal preferences, needs and wishes including sexuality and relationships.
- Positive behaviour support plans were in place. They included detailed information about how to identify if people were becoming anxious and how to respond. Staff clearly understood the positive impact of recognising signs of distress early and supporting the person to stay calm and relaxed.
- Assistive technology was used to increase people's dignity and independence. Staff were well trained and competent in its use. Time had been invested in sharing the benefits with family members, so they were reassured and included. A family member said, "[Person] now has a mat under the bed. It's minimised the risk of any harm if they have a seizure. They come home and say, "Slept on the mat!" It's very good."
- Family members said they were contacted before each stay for an update on people's needs. Any healthcare professionals were also contacted.
- Following each stay an evaluation of what worked and what didn't was completed. If something hadn't worked, the aim was to reflect and take steps to improve the next stay.

Adapting service, design, decoration to meet people's needs

- Queensbridge Respite was fully accessible for people with a range of mobility and sensory needs. An area could be separated to provide a quiet self-contained unit if needed and one bedroom could be adapted to provide a low risk, minimally stimulating room.
- Corridors were wide, bright and airy to accommodate wheelchair users. Each bedroom had a fully accessible adjoining shower room accessed through 'Jack and Jill' doors. There was also a fully accessible bathroom if people preferred a soak in the bath.
- There was easy access to a safe, enclosed garden, which included a sensory area and a developing vegetable garden.
- Sensory equipment and a sensory room was available for people to use. The space could also be utilised for quiet discos and quiet karaoke so people who were sensitive to noise could still be part of events but do so in an environment that met their needs.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked in partnership with others to provide high quality, effective and consistent support. In some instances, staff had trained colleagues from other services which had facilitated successful transitions for people. Staff from a residential college said, "We were impressed at the level of support and advice provided. This was invaluable to ensure a smooth transition for [person]."
- Staff had shown huge commitment and dedication to supporting people to develop. Staff valued their differences, learning how to engage with each person in a way they were comfortable and confident with. This supported people to achieve life-changing outcomes, including successful moves to supported living and residential colleges.

Supporting people to live healthier lives, access healthcare services and support

- People were supported with accessing emergency healthcare during their short break if needed.
- Staff liaised with healthcare professionals such as speech and language therapists and occupational therapists to make sure any specialist advice, guidance or assessments were current and up to date.
- Assistant managers had attended training in oral health care and were cascading this to the support team. Oral healthcare plans were in place and pictorial information was available as prompts for people.
- There was a health and well-being champion who shared learning and acted on suggestions from the staff team to promote better health for everyone.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with maintaining a healthy, balanced diet. Individual dietary and cultural needs were catered and staff were conscious of including everyone in meal times. People who needed specific diets, including gluten free, Halal and vegetarian diets were safely managed and catered for as well as those who needed meals to be pureed.
- Family members were very impressed with how well staff catered for people whose dietary needs were very specific and specialised.
- Meal management plans were in place, which included details of people's preferences as well as their needs in relation to food and nutrition.
- Guidance from specialists was in place, where needed. The staff team engaged in regular communication to make sure plans were appropriate, current and in people's best interest.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent to care and support was understood and provided within the legal framework. Staff asked for people's consent before offering support or going to people's rooms. If people did not give consent this was respected.
- Appropriate DoLS applications had been made and a log was in place to monitor outcomes.
- Capacity assessments and best interest decisions were made with the person's involvement as far as possible.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Family members were very complimentary of the kind, caring and compassionate approach of the staff team. One family member said, "The staff are excellent, I can go away or have a break knowing [person] is well cared. They absolutely love going!"
- People were treated equally by staff who clearly knew people incredibly well. Staff recognised if people were becoming anxious, distressed or in need of support and immediately responded offering reassurance and appropriate care and support.
- Staff told us they loved working at Queensbridge and said the best thing about their job was the people they supported. One staff member said, "We treat people how we would want to be treated. Simple as that!"

Supporting people to express their views and be involved in making decisions about their care

- People were active partners in their care and supported to make decisions wherever possible. Staff communicated with people effectively and in ways people understood.
- Every staff member, including housekeeping and management engaged proactively with people, explaining what was happening and why. If staff needed to go into people's rooms for any reason permission was always sought and if the person said no this was respected.
- There was genuine inclusion in care and support planning. Family members said, "We are involved in everything to do with [person's] care. Staff always ask about preferences and what they like and don't like. We have six monthly reviews which are a good opportunity to make sure care plans are up to date. Before every stay we get a phone call to see if anything has changed or if there's anything staff need to look out for."

Respecting and promoting people's privacy, dignity and independence

- Staff promoted and respected people's dignity and privacy in every interaction.
- People were encouraged and supported to be as independent as possible, to learn new skills and to get involved in daily jobs. One family member said, "[Person] helps with little jobs around the place, they love it!" Another person told us how they had cooked a meal for everyone who was staying at Queensbridge Respite. They were clearly very proud of this achievement as they had never cooked a full meal for people before.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was planned in a personalised way, taking account of people's needs and preferences. People were supported to have as much choice and control as they could.
- Consideration was given to people's needs when short breaks were planned so they could have a break with people who enjoyed similar things or with people they were friends with.
- Care plans included people's likes, dislikes and preferences, although one had not been updated following significant changes in circumstances. Some plans would also benefit from additional descriptions of how best to meet people's needs. There was no evidence of any impact on people as staff knew people well and were able to talk to us about how they supported each person.
- The quality assurance manager was completing an audit at the time of the inspection and had also addressed this with the management team. All feedback was welcomed and immediate changes were made. An assistant manager said, "We are updating all the care records, and arranging meetings with family members and other professionals so we can make sure everything is up to date and accurate."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, and detailed communication passports were in place.
- The assistant manager held regular communication workshops to develop the communication skills of staff and improve communication with people. This included the use of signs, symbols, gestures and vocalisations.
- There was a positive and inclusive approach to the use of assistive technology to support people to communicate and share their views.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's social interests and relationships were maintained. During the week most people continued to attend day support services. During evening and weekends people were free to engage in a range of activities, often with one-to-one support.

Improving care quality in response to complaints or concerns

- Complaints and concerns were managed appropriately.

- Investigations were conducted, outcomes were shared with the complainant and reflective practice was used to assess for lessons learned.

#### End of life care and support

- Staff discussed end of life care with people and family members. Where people and families were happy to discuss end of life care their wishes were documented.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider's quality monitoring system was ineffective. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Staff roles, quality performance, risk and regulation were well understood. There was a clear management structure in place, with a registered manager who empowered the staff team to think creatively and take positive risks. Two exceptionally knowledgeable and skilled assistant managers were integral in leading the staff team to achieve person-centred, outcomes focused care and support.
- Since the last inspection the governance process had been reviewed and a new quality assurance framework introduced. A schedule of audits was in place and the whole management team were responsible for completing audits and identifying improvements. There was a strong focus on consultation, accountability and reflective practice resulting in demonstrable quality improvements.
- Support staff said they were very well supported, valued and included in decision making. They had been involved in sharing ideas for improvement. Their comments included, "Managers are very knowledgeable and listen to us."
- CQC had been notified of any significant events in line with legal responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture was one of collaboration, inclusivity and working together to achieve positive outcomes for people. A family member said, "We have been involved in everything, right from when it first opened. The design of the building, all of it. The building is excellent, equipment is second to none, staff are incredible, [person] is safe and well cared for. We couldn't do without them, I would say they are outstanding."
- The management team led by example, role modelling how to support people, empowering staff to share opinions. Staff very much respected their approach.
- Everyone we spoke with told us the home with exceptionally well run with a highly skilled and dedicated staff team. Staff said, "I love my job, we are very happy with management, the team is very strong and

supportive with excellent team work." The operations manager was very visible and spent time with people and the staff.

- Queensbridge Respite was a "unique service" with a strong focus on inclusion and collaboration. Staff were incredibly proud of every person and their achievements. Positive outcomes had been achieved with people which improved the quality of care and people's experience, independence and confidence.
- Family members commented, "I don't know what we'd do without them," "Everything is catered for, you really couldn't ask for me" and "They are our Guardian Angels."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Everyone we spoke with said they were fully engaged with the service and feedback was regularly sought and acted upon.
- Staff learnt people's individual communication methods and used assistive technology and pictorial signs to communicate with people and seek their inclusion and feedback.
- Family members were involved in family forums and coffee mornings, as well as reviews and evaluations of their loved ones stay. One family member commented, "Communication is excellent, we are invited to everything and we are always told of any changes or improvements.
- The local community were involved in summer fayres. Some neighbours had asked to get involved with training such as the autism bus, an experiential training resource and people were respected as valuable individuals.

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a strong and shared focus on learning and improving care. Reflective practice was completed as part of staff support, but also following any incidents, accidents and medicine errors for example so lessons could be learned, and improvements made. A critical analysis of support, training and management was included in these reflections
- One support worker said, "There's lots of laughter and enjoyment with people, managers are good, they are part of the team. They put themselves on shift to support so they know people well." They added, "We see lots of changes in people and development, but we are always looking for ways to improve."
- Analysis of all incidents and accidents had been developed and embedded. Assistant managers and support staff reflected on practice as well as there being an analysis for trends and themes. Improvements had been made and assistive technology had been introduced which had minimised the risk of harm to people. A family member said, "Since [person] has had the epilepsy monitor they haven't had any falls or come to any harm, its excellent."
- The management team understood their responsibility to be open and honest if mistakes were made.

Working in partnership with others

- All staff understood and welcomed the benefits partnership working brought for people using the service. Staff expectations of people were high, and this was shared with other providers. Staff were proactive in seeking input from other professionals when developing transition plans and were keen to share their own learning.
- There was a strong emphasis on working in partnership with people's day service providers and healthcare professionals to make sure staff had access to current information about people. Staff were keen to challenge any misconceptions about people based upon historical events and incidents.
- The provider had a proactive approach to partnership working, internally by way of sharing learning and best practice within management meetings, and also externally with other organisations. Local provider forums were attended, and any learning or best practice was shared with the team.



