Care Quality Commission

Lancashire County Council

Lancaster and Morecambe Short Breaks Service

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Outstanding**
Is the service well-led?	**Good**

Overall summary

This unannounced inspection took place on 16 and 21 December 2015.

Lancashire and Morecambe Short Breaks Service is part of Lancashire County Council Adult and Community Services Directorate. It provides residential short breaks to adults who have a disability. Short breaks range from overnight stays to two weeks. The home is located in Torrisholme, Morecambe and is near to local shops and is situated on a regular bus route.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was last inspected 19 February 2014. We identified no concerns at this inspection and found the found the provider was meeting all standards that we assessed.

At this inspection in December 2015, we found processes were established to ensure people who used the service were kept safe. Relatives told us they were comforted knowing their relation was safe whilst staying at Lancashire and Morecambe Short Breaks Service. People who used the service also confirmed they felt safe.

The registered provider had systems in place to ensure all staff were aware of their safeguarding responsibilities. Staff were able to identify types of abuse and were confident in reporting any concerns.

Systems were in place to ensure staff employed were of good character and had suitable experience for the role. Staff were supported with on-going personal development throughout their employment. Training was provided to meet the needs of the people who used the service.

People who used the service and relatives told us they were happy with the staffing levels provided. Staff told us they could ask for additional support to meet people's needs and the registered manager openly considered any suggestions to improve staffing levels and staff mix. We observed people having their needs met in a timely manner.

Robust systems were in place to ensure medicines were managed and administered correctly to each person. However we found processes for administering medicines were not consistently applied. We have made a recommendation about this.

Systems were in place to ensure risk to people who used the service was suitably managed. Staff were aware of individual risks and how to manage them appropriately. Accidents and incidents were documented and audited frequently. Risk assessments were reviewed and updated following significant events.

During their stay at Lancaster and Morecambe short breaks service, people's healthcare needs were monitored by the registered provider. Any concerns were relayed back to the family or the person's doctor was consulted with to ensure health needs were met.

The registered provider kept up to date comprehensive records for each person and any changes in people's needs were communicated to relevant people so care needs could be addressed in a timely manner.

Feedback regarding the provision of meals was positive. People told us the food was good and said there was always a choice of what to eat. Regular snacks and drinks were available to people between meals.

The registered provider understood the requirements of the Mental Capacity Act (2005) This meant they were working within the law to support people who may lack capacity to make their own decisions.

Staff were observed during the inspection process and were seen to be caring. People were treated with compassion. Privacy and dignity was promoted at all times.

Care was provided in a person centred way. People were routinely involved in their own care planning and the development of their service. The registered provider worked proactively to ensure care provided exceeded the person's expectations.

The organisation placed an emphasis upon citizenship, relationships and community participation. People were encouraged to live active lives and participate as valued members of their community. People were supported to attend various community groups according to their preferred wishes and hobbies. Staff enabled people to use their gifts and talents to develop their self-esteem and independence. The registered provider worked towards promoting and maintaining independence wherever possible.

The registered provider worked innovatively to ensure the people's voice was heard and listened to. Complaints were acted upon appropriately and were used by the registered provider to improve the quality of service provision. Staff were aware of the importance of advocacy services for those who needed support being heard and were aware of how to make referrals.

Summary of findings

Feedback in regards to the management of the home was positive. Staff, people who used the service and relatives spoke highly of the registered manager and deputy manager. Staff described communication as good and praised the standard of team work. The registered manager ensured effective care was delivered by auditing the standards of care provided and implementing improvements where necessary.

The registered provider was committed to ensuring the home was adequately maintained. We noted the environment was clean and free from odours.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not consistently safe. Processes were in place to protect people from abuse. Staff were aware of their responsibilities in responding and reporting abuse. The provider had robust recruitment procedures in place to ensure only suitable people were employed to work at the home. The provider had suitable arrangements in place for storing, administering, recording and monitoring of people's medicines. However these were not consistently followed by staff. We have made a recommendation about this. The registered manager considered people's individual needs when developing rotas to ensure staffing levels were conducive to people's needs.	**Requires improvement**
Is the service effective? The service was effective. Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the relevance to their work. Appropriate systems were in place to ensure staff had access to on-going training to meet the individual needs of people they supported. The registered provider worked with health professionals and families when required, to meet the health needs of the people using the service. The registered provider placed emphasis upon healthy eating. Records demonstrated people's nutritional needs were met whilst using the service.	**Good**
Is the service caring? Staff were caring. People who used the service and relatives were consistently positive about the staff and their approach. Staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence. Staff were committed to ensuring the people's voice was heard. When people could not be heard, staff were aware of the importance and role of advocacy services.	**Good**
Is the service responsive? The service was very responsive.	**Outstanding**

Summary of findings

The registered provider consistently delivered a person centred service to all the people who used the service. Comprehensive person centred documentation ensured people were at the core of service delivery.

The registered provider placed emphasis on people being active whilst using the service and provided an array of activities according to people's choices and preferences.

The registered provider had systems in place to seek continuous feedback from people who used the service and their families. Information received was used to inform improvement plans.

Is the service well-led?

Good

The service was well led.

Staff turnover at the home was low. This contributed to effective service delivery.

People who used the service and relatives spoke positively about the management team, the staff and the support provided.

The registered manager had a range of audits in place to ensure the smooth running of the home. Any actions identified were remedied in a timely manner.

Care Quality Commission

Lancaster and Morecambe Short Breaks Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health & Social Care Act 2008 as part of our regulatory functions and to check whether the provider is meeting the legal requirements and regulations associated with the Heath & 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 16 and 21 December 2015. The first day was unannounced. The inspection was carried out by one adult social care inspector. On the first day of the inspection there was only one person staying at the short breaks service and they had gone out for the day. The inspector therefore completed a second day at the home to speak to people using the service. There were five people staying on respite on the second day of inspection.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.

Information was gathered from a variety of sources throughout the inspection process. We spoke with six staff members at the home. This included the registered manager, the team leader, three staff responsible for delivering care and an administration worker.

We spoke with three people who were using the service to obtain their views on what it was like to live there. We also spoke by telephone with a further two people who had recent experience of using the service. We observed interactions between staff and people to try and understand the experiences of the people who used the service.

We also spoke with two relatives and one visiting health care professional to see if they were satisfied with the care provided.

To gather information, we looked at a variety of records. This included five care plan files belonging to people who used the service and recruitment files relating to four staff members. We also viewed other documentation which was relevant to the management of the service.

We looked around the home in both communal and private areas to assess the environment and ensure it was conducive to meeting the needs of the people who used the service.

Requires improvement

Is the service safe?

Our findings

People who used the service and their relatives told us they felt safe when they visited Lancaster and Morecambe short breaks. One person said, “I feel safe when I come here.” A relative said, “They deal fantastically keeping both the residents and the staff safe.” And, “[Relative] is very safe. We went through their care plan together to check it was right for them (their family member.)” And, “It makes such a difference knowing [relative] is safe and happy.”

People who were staying at the service looked comfortable in the surroundings and looked relaxed within the home. We observed no restrictions were in place on the day of inspection and people had free access to all areas of the home.

We looked at how the service was being staffed. We did this to make sure there were enough staff on duty at all times, to support people who were using the service. We were informed by the registered manager that staffing levels were flexible and were determined by the number of people who were using the service and their personal needs.

The relatives we spoke with were complimentary about staffing levels. One relative told us their family member sometimes required two staff. They told us this was not a problem and staff were always provided.

Staff were also positive about the staffing arrangements at the home. Staff told us they could have input into the rota. If they felt staffing levels did not reflect the needs of the people staying at the home they could advise the registered manager who would then adjust the rota accordingly.

One staff member said staffing levels were “usually good,” unless there was an emergency. They told us management however were happy to provide additional hands on care when the needs of the people increased. Staff were assured they could call on extra staff in this emergency. These demonstrated staffing levels were flexible and could increase if there were extra demands placed upon staff. Staff absences were covered in house by the regular staff team and a bank of casual staff. This promoted consistency of care as people who used the service were supported by people who knew them well.

We spoke with staff and the registered manager to ascertain what systems were in place for provision of staffing in an emergency. Formal management support was offered at all times by an on call system operated by Lancashire County Council. Staff said the registered manager and team leader also made themselves available for advice and support outside of work hours where practicable. Staff praised the on call system.

During the inspection we noted staff had time to sit with people and talk with them. Staff were not rushed and demonstrated patience when interacting with people. We observed staff responding to situations in a timely manner.

We looked at recruitment procedures in place at the home to ensure people were supported by suitably qualified and experienced staff. To do this we reviewed four files relating to staff at the home. Staff records demonstrated the provider had robust systems in place to ensure staff recruited were suitable for working with vulnerable people. The provider retained comprehensive records relating to each staff member. Full pre-employment checks were carried out prior to a member of staff commencing work. The registered provider also ensured the validity of references by contacting each employee referee by phone.

The registered manager also requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for all people providing a regulated activity within health care. This process allows an employer to check the criminal records of employees and potential employees to assess their suitability for working with vulnerable adults. Staff members confirmed they were unable to start work until all the necessary checks had been completed

Systems were in place to keep people safe from abuse. The registered provider had a detailed policy in place which identified different types of abuse and how to report it. There was also a safeguarding flow chart available for staff for quick reference. Information relating to safeguarding was stored on a designated safeguarding board in the staff sleep in room.

Staff had a good awareness of types of abuse that may occur and were fully conversant with procedures to follow if they suspected someone was being abused. One staff member said, “I would make sure the person is safe and would tell them I couldn’t guarantee to keep it a secret. I

Is the service safe?

would then contact the police or Local Authority and would speak to the manager or person on call." Another member of staff told us they had experience of making a safeguarding alert. They said, "I wouldn't hesitate in doing it again. It was hard but I was fully supported by my manager."

Staff were also aware of their rights and responsibilities should they decide to whistle blow. Whistleblowing was discussed as part of the induction. We also noted posters relating to whistleblowing were displayed upon the staff noticeboard.

People who used the service also had access to a pictorial easy read guide detailing what abuse was and how they could report it themselves. This showed the registered provider was committed to promoting autonomy and raising awareness of safeguarding for people who used the service.

We looked at how the registered manager assessed and managed the risks for people who used the service. Within each care record we looked at, the provider had a range of risk assessments to manage risk. Risk assessments covered a wide range of topics which were individualised to the person using the service. These included managing health needs such as diabetes and epilepsy and individual support requirements such attending to personal care or managing a person's finances.

We looked at how medicines were managed within the service. As the service provides respite care it is important that accurate records are kept of the medicines that people bring into the service and take home with them. The registered manager told us, before a person arrived to stay at the service there was contact with the person's next of kin to ensure the medicines records held for that person were up to date. Any changes to medicines would be noted as part of the pre-admission process and were double checked upon admission to the home.

We observed medicines being booked in by staff. Medicines were checked on arrival against the accompanying Medicines Administration Record and the label on the medicine. The type of each medicine and the amount of medicine received was then recorded. The staff member checked the expiry date on each medicine to ensure they were in date. The staff member said any discrepancies in medicines would be discussed with the person's doctor immediately.

Each person's medicine was then stored in a separate tray. This prevented medicines becoming mixed up and decreased the risk of the wrong medicine being administered to another person.

Medicines were stored securely within a locked trolley away from communal areas. Storing medicines safely helps prevent mishandling and misuse. We were informed no people were being administered any controlled drugs at present but there were facilities to store these separately if required. People were encouraged to bring their medicines to the home in a blister packed system. This was requested as a means to reduce any administration errors.

Independence was promoted for people who could self-administer their own medicines. The registered provider had a transportable medicines cabinet which could be stored in a person's bedroom. People were risk assessed prior to this occurring to ensure people were competent to take their own medicines.

There was one nominated staff member responsible for administering medicines. This staff member was supported by a second person to over-see the medicines process to reduce any risks of mis-administration. The registered manager told us this process had been implemented following a piece of research being conducted by the registered provider to look at common themes of medicines errors. It was thought having two people carrying out the process minimised risks of errors occurring.

Although the registered provider had comprehensive systems in place for managing medicines we noted processes for safe administration of medicines were not consistently followed. We observed a member of staff pre-dispensing people's medicines and then leaving them in the medicines trolley for thirty minutes until they were required. Medicines were also signed as prescribed prior to the person taking them. We highlighted these concerns with the team leader who told us, "that shouldn't have happened." We spoke with the registered manager about what we had observed and they carried out an investigation.

During the course of the inspection we undertook a visual inspection of the home. We did this to ensure it was adequately cleaned and appropriately maintained. We noted the home was free from odours and was clean and tidy. On the first day of inspection the registered provider

Is the service safe?

was having all the carpets within the home professionally cleaned. The registered manager said they ensured this task was carried out six monthly. Equipment was appropriately stored away from communal areas to prevent any risk of slips trips and falls. Audits of infection control standards were regularly carried out and documented in the relevant areas.

We noted all sinks in communal areas and bathrooms had thermostatic valves on them to prevent people from scalding. We checked the water temperature in several bedrooms and one bathroom and noted the water temperature was comfortable to touch. We looked at windows and noted restrictors were fitted. Window restrictors prevent the risk of harm occurring from falls from windows.

Regular risk assessments of the environment were carried out at least annually. A health and safety check had been carried out at the home in March 2015. Records were maintained to show all concerns identified had now been actioned and completed to minimise risk. We noted risk assessments were in place for Fire Evacuation and reducing the risk of contracting legionella. The registered provider had a legionella management plan in situ and monthly visits were made to the home to review the water system. All firefighting equipment had been serviced and checked within the last twelve months. Fire alarms were tested weekly.

Accidents and incidents were appropriately managed by the registered provider. We noted accidents and incidents were recorded in a timely manner and were comprehensive in nature. All accidents and incidents were reviewed by the registered manager monthly and service information was broken down and analysed to look for any themes. This promoted safe and efficient care.

We recommend the registered provider consults with good practice guidelines to ensure medicines are dispensed and administered appropriately.

Good

Is the service effective?

Our findings

One person who used the service told us, “They help me out when I need something.” Another person said, “The staff do an all-round good job when I am there.” And, “If I am ill, they will ring my mum.”

A relative we spoke with said all staff were professional and knowledgeable stating, “It doesn’t matter who is working. They all know what they are doing.”

During the course of the inspection we also spoke with a health professional who was visiting the service. They told us they considered the service to be good and praised the knowledge of the staff. They told us staff were aware of people’s needs and how to manage their needs appropriately.

We looked at care plans relating to five people who used the service. Individual care files showed health care needs were addressed and monitored during the persons stay at the service. We saw evidence of people and their family members being involved in the development of care plans. Care plans documented personal information including allergies, communication needs and support needs. There was also a comprehensive section in each care plan that addressed the person’s individual health needs. Care records also contained name and contact numbers for the person’s doctor and other relevant health professionals. Staff were aware of the need to consult with care plans should any concerns be identified when providing care and support to a person. This promoted effective delivery of care.

The registered manager supported people’s health care needs by sharing information with other relevant agencies who worked with the person. We noted the registered manager attended other health care meetings to share information relating to the person. This promoted good health as collaborative working was evident.

The registered manager told us if a person required additional health care support whilst they were using the service they would contact the relevant health care professional for further advice and support.

As part of the inspection process we looked at how people’s nutritional needs were met at the home. We asked people who used the service about the foods on offer. One person said, “The food is good. I have a say in what we eat.” Another person said, “The food is good. I can have what I want.” And, “I can help myself.”

Staff told us people could have choice over what they ate. We were shown a dietary needs file which detailed each individual’s likes and dislikes and specific dietary needs. Staff told us they consulted with this when planning meals. One staff member said, “It can be difficult at times meal planning for five or six people when they all want different things. But we get creative!”

There was a designated dining area for people to use at meal times. We observed the evening meal being served. The dining area was pleasantly decorated to enhance the experience of eating. The meal was not rushed and people were offered a variety of choices. One person did not like the meal provided and staff responded by making the person something else to eat. Drinks were made available to people alongside their meal. People who required specialist equipment to assist them with eating were supplied with the equipment as required. This promoted peoples independence and dignity.

We noted a selection of drinks and snacks were offered between mealtimes. Fresh fruit was placed in the lounge area of the home so people had easy access to snacks if they required them. A person who lived at the home said they could just help themselves to snacks if they were hungry.

People’s dietary needs were monitored throughout the persons stay and records of all meals eaten were logged in the person’s diary logs. If people were at risk of dehydration fluid intake would also be recorded.

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 MCA

Good

Is the service effective?

provides a statutory framework to empower and protect vulnerable people who are not able to make their own decisions. In situations where the act should be, and is not, implemented then people are denied rights to which they are legally entitled.

We spoke with the registered manager to assess their knowledge of DoLS. The registered manager told us all staff including themselves, had completed DoLS training. The registered manager told applications to lawfully deprive people of their liberty were automatically made for each person who used the service. The registered manager explained as standard the doors to the buildings were permanently locked to restrict people from entering the building. This was to ensure the safety of each person using the service. We saw evidence of DoLS applications made and noted the registered manager communicated regularly with the relevant body to monitor and track the progress of each application.

During the course of the inspection we noted people were offered everyday choices and were free to walk around the building.

We spoke with staff members to gauge their awareness of the Act and how it impacted upon their role as a carer. Staff had a good understanding of the Act. One staff member said, "If a person has capacity they have a right to make wise and unwise decisions."

Care files we viewed demonstrated capacity assessments were carried out for each individual who lacked capacity. When people lacked capacity there was evidence of best interests meetings being held in regards to decision making for the person. When necessary we also noted guidance had been sought from an Independent advocate (IMCA.) We were told by the registered manager capacity assessments were revisited frequently to ensure consent was achieved through the appropriate channels.

We looked at staff training to ensure staff were given the opportunity to develop skills to enable them to give effective care. The registered manager told us the registered provider supported staff development through the provision of training. We were provided with a list of mandatory training all staff were expected to undertake as part of their role. This included emergency first aid, food hygiene, moving and handling, safeguarding awareness, medicines management and fire safety.

All the staff we spoke with were happy about the training delivered by the registered provider. Staff told us training was good and they felt supported within their role. One staff member said, "I have done loads of training, It's been brilliant. I have learned a lot."

Staff said when new people started using the service any additional needs were taken into account and extra training was provided as necessary. This equipped staff with the appropriate skills required to safely support the person. One staff member told us when a new person commenced the service there would always be one designated staff member who had worked intensively with that person through a transition process. This staff member would then work alongside the person and other staff to teach them what is required to support the person appropriately.

Some training courses were provided through formal classroom learning, e-learning and through cascade training. Cascade training is a system in which a staff member is trained to a high standard within a specific area. The staff member then cascades the training to the remaining staff. Training was also provided in-house. A member of staff told us they had just completed a team training day. The team had looked at a new piece of legislation and how it had baring upon their role. This demonstrated the registered manager was committed to keeping staff knowledge up to date to inform good practice.

We looked at induction processes in place for new staff members. Records demonstrated all new staff were required to undertake an induction programme at the outset of employment. Staff progress was logged using an induction checklist which was maintained between the new employee and the manager.

We asked staff about the induction process. They said management were very supportive of them during the induction period. New starters worked supernumerary alongside other members of staff on the commencement of their employment until they felt comfortable in the role. Staff were also supported to work with people with less complex needs at the beginning of employment.

The registered manager said they had an open door policy whereby staff could come forward at any time and ask for support and guidance. Staff confirmed they could approach management at any time with concerns. One

Good

Is the service effective?

staff member said, “If I had any concerns, I would go straight to the manager.” This promoted effective care because staff were able to seek advice and guidance in a timely manner.

We looked at supervision records and noted any concerns about staff performance was openly discussed and addressed within supervisions. This demonstrated staff were encouraged to discuss their role and enabled the manager to review performance and identify training objectives for each staff member.

Good

Is the service caring?

Our findings

People who used the service and relatives all praised the caring nature of the staff employed by the service. One person said, “The staff are amazing, they are nice,” and “They listen to any concerns.” A further person told us, “They are kind.” A relative told us, “If we need help they will try to help us out. They are excellent.”

We observed many positive interactions throughout the inspection between staff and people who used the service. People looked happy and contented. One person who was staying at the home was sat in a lounge smiling and singing. The person was smiling and enquiring of the whereabouts of one staff member. Another person was sat alone enjoying their own company in another room. The person smiled when they saw a staff member enter the room and started to talk with them.

People were consistently treated with dignity. We observed one person taking ill whilst eating their evening meal. Staff responded immediately and supported the person to leave the table. The incident was dealt with discreetly as to not embarrass the person and draw attention to the incident.

We observed interactions between one person and a staff member. The person could not verbally communicate their own wishes. Staff showed a good understanding of this person and offered appropriate touch when necessary to comfort the person. Staff looked for visual cues as to whether or not the person was happy.

Staff showed a good understanding of the individual wishes for people within their care. Support was arranged around people's individual needs and requests. Staff enquired about people’s welfare and consistently asked if there was anything they required help with. One person who used the service said, “They always look after us.”

Staff consistently sought consent from people before delivering any interventions. We observed a staff member asking permission to clean a person’s face after their meal and another staff member asking permission to adjust a person’s clothing.

Staff took time away from direct care to spend time with people who used the service. We observed sitting with people and making small talk with people. Staff enquired as to how people’s days had been and to ask if they were satisfied with everything.

Staff had a sound knowledge of all the people they supported and a genuine interest in ensuring people who used the service were comfortable and happy during their stay. On the second day of inspection we observed a staff member talking to a person who used the service. The staff member had brought a CD in from home for the person to listen to. They told the person they were aware it was one of their favourites and had brought it in for them to enjoy. The person smiled.

The registered manager told us they also enabled the development and promotion of friendships between people who used the service. One person who used the service had previously been socially isolated. The registered provider worked to facilitate friendships with other people who used the service. This led to development of a friendship with another person. Both people now tried to plan their stays at the same time so they can spend time together.

Staff also recognised the importance of the friendship and companionship. On the second day of our inspection we were told one person was currently staying at the home without their friend. Staff were aware this person may not be as happy as they would normally because they did not have their companion to spend time with. Staff ensured therefore the person was okay and asked if there was anything they could do to make the stay more pleasurable.

Staff were aware of which people liked their own space and privacy and respected this. People were provided with the choice of spending time on their own or in communal areas. The home had a relaxed atmosphere where people could come and go as they wished. We were told certain people had different preferences of where they wanted to spend time during their stay. We saw these preferences were addressed. One person liked to spend time in a lounge on their own. There was a bubble tube in the lounge similar to one the person had at home. This comforted the person. Another person liked to spend time in a conservatory listening to music. We observed the person relaxing listening to a CD.

Privacy and dignity was promoted at all times. People were given keys to their rooms on admission to the home so they could lock their doors if required. We also observed staff knocking on doors before entering rooms. Staff asked for permission to go into rooms before entering.

Good

Is the service caring?

Advocacy services were promoted throughout the building. We noted advocacy leaflets were prominently displayed in the guest reception area at the home. Advocacy documents were also placed in each bedroom in a guest pack. Advocacy request forms were developed in an easy read format for people who may have difficulties with reading and writing. This showed the registered provider was committed to promoting communication for all people who used the service.

Staff members were aware of the benefits to the person in regards of the usage of advocacy services. One staff member told us they had recently attended a team training day where advocacy was addressed and discussed. They said, “hopefully new laws mean that advocacy will start making a difference in people’s lives.”

One staff member told us they had recently referred a person to an advocacy service. We were informed another person who used the service was a self-advocate. Staff would support the person to attend advocacy meetings if they occurred during their stay at the home. One staff member told us, “Advocacy is part of everyone’s job here.”

Is the service responsive?

Our findings

People who used Lancaster and Morecambe short breaks service and their relatives consistently spoke highly about the way in which the service was organised and delivered to meet individual needs. One person said, "They help me out if I need anything." Another person said, "I've never had to complain but if I did I would speak to my [relative] and they would speak to staff."

A relative we spoke with also confirmed they had no complaints about the home. They told us, "I have never had to complain, on the contrary, they are excellent."

A staff member told us they thought people enjoyed coming to Lancaster and Morecambe short breaks service, stating "Guests like coming here. They get excited. That to me means we are providing a good service."

The registered manager told us they wanted to provide a five star service to people, with the same standards you would expect from a five star hotel. To ensure they were committed to doing this they had consulted with a hotel manager from a nearby five star hotel to find out how to promote a good hospitality service. All staff had attended this consultation so they were all aware of how to present rooms to people who were using the service. The registered manager said they were committed to providing a person centred service for each person. They said, "It's a people's service. We need to ensure people get what they want."

We looked at care records belonging to five people who used the service. Information for each person had been generated using a range of person centred planning tools. We observed plans had been developed using "important to and important for" documents and circles of support. This enabled the registered provider to collate comprehensive person centred documentation detailing people's likes, preferences and routines. The information was then used to inform a person centred plan of support.

Care plans were developed in conjunction with people and where relevant, families and health professionals. People who used the service and their relatives were routinely involved in developing their care plans where practicable. One relative told us, "We went through the care plan at the beginning and we still get asked for comments when the plan needs changing."

Care plans were comprehensive and addressed areas including general health, specific support requirements, risks and concerns and promoting communication. When people could not verbally communicate the registered provider used communication passports to enhance communication with people. This enabled staff to be able to understand what a person was trying to express through non-verbal or limited verbal communication. This made each person feel more comfortable during their stay at the home as needs were consistently met. This showed us that the registered provider was keen to enhance communication for all people who used the service to promote well-being.

Pre-assessment information was collated by the registered manager prior to a person using the service. At the pre-admission stage people were asked about their health, medicines, religious and personal preferences. The registered provider also spoke with other relevant health and social care professionals whilst developing a care plan for a person. Within one person's file we saw the registered provider had worked with the person's school during the transition period to gather information relating to the person. This ensured information collated was comprehensive and thorough and developed in conjunction with other people who knew the individual well.

When people displayed some behaviours which challenged, bespoke recording charts and learning logs were used to document the behaviours. These records were used to analyse the data so staff could understand the meaning of the behaviours. This information then informed the care plan. Each person who displayed some behaviour which challenged had a positive behavioural support plan in place. All staff were trained in the principles of positive behavioural support. Positive behavioural support promotes person centred thinking and support. Staff had a good knowledge of this theory and put their training into practice. Records showed that as a result two people no longer required positive behavioural support plans as the behaviours which challenged had stopped.

The registered manager told us people were encouraged to have a staged transition prior to using the service for an over-night stay. This allowed for the person to try the service beforehand to ensure it was the correct service for them. The registered manager said this also helped staff get to know a person before they came for a stay.

Is the service responsive?

Prior to admission the registered provider developed an "individualised room service plan" for each person. The information was relayed to the housekeeper who organised rooms for each person prior to their stay. We noted for some people, it was important they had certain rooms during their stay. This allowed for them to feel comfortable and safe. Another person who was visually impaired required furniture to be in a certain position. This promoted their independence as they could mobilise freely around their room during their stay, using the furniture to orientate themselves. The registered manager said this intricate detail contributed to a successful stay for people. This demonstrated the registered manager was committed to providing a person centred service for each person.

The registered provider ensured all information relating to a person's care needs was up to date prior to a person visiting the service. A staff member would contact the person's next of kin pre-admission to check all information regarding that person was up to date.

Staff were aware that care plans were live documents which could be built upon. Staff were aware of the need to review care plans when people's needs changed. One staff member said, "People's needs change, they move on. We need to revisit care plans." For people whose needs did not change regularly reviews were held at least annually.

In order to make each person's stay as comfortable and pleasurable as possible, the registered manager and team leader tried to look at compatibility of each person using the service. When people did not have specific required date's compatibility information was then used to plan people's stay. The service provider looked at individual relationships and matched people who had similar interests so they could share their stay together. Similarly if certain people did not get on, they avoided them being at the home at the same time. This helped promote a more positive experience for people and reduced any conflicts.

The team leader would also look at skills matching of staff to ensure staff with the correct skills and relevant interests were on shift. Again this was done to increase positive outcomes for people who used the service.

Observations made on the day of inspection demonstrated staff had a good knowledge of the people they were supporting. Staff were able to tell us about people's likes, dislikes and preferences. We noted these were taken into consideration at all times by staff. On the day of inspection we were told one person liked to spend time in a specific area of the home. We visited this person spending time in this room and was partaking in an activity that was detailed in their care plan as a preferred activity. The person was smiling and relaxed.

There was a great focus upon empowering people to achieve their maximum potential. Lancaster and Morecambe short breaks employed a person with a learning disability as their administration worker. The registered manager utilised the person's talents and had provided them with paid employment. The person was seen as one of the members of the team and treated as such. Staff spoke fondly about the person and their talents. The person spoke about how their life had changed since they had been given the opportunity to work and spoke with pride about their role and responsibilities. Prior to this role the person was socially isolated and had low confidence. Being in paid employment had increased the person's self-esteem and given them independence. This person had gone on to win an award with the Local Authority when they were awarded "Employee of the Year."

The registered manager said they had also recently supported one individual who used the service to complete their Duke of Edinburgh Gold Award. They had provided the person with a voluntary employment opportunity within the home. The person had an interest in DIY. The person therefore was supported to work alongside the homes handyman and supported the handyman to carry out tasks around the home.

Another person who used the service had a creative interest. The staff at Lancaster and Morecambe short breaks supported the person to make creations and then supported the person to attend craft fairs to sell the goods. This demonstrated the registered provider went the extra mile when supporting people.

Feedback in regards to activities provided was also consistently positive. One resident said, "I love it here. I go on the computer, I draw and have fun. I love seeing my friends" Another person told us, "[The service keeps me busy." We saw a karaoke machine was available for people to use, alongside a piano and several laptops. On the second day of inspection we observed a variety of activities taking place. People were offered the opportunity to make cards and creative crafts. We saw the registered provider had completed a group activity with people using mosaics. This was displayed in the corridor of the home.

Outstanding

Is the service responsive?

Links with the local community were developed by the registered provider and people were encouraged to be part of it. Staff told us people often went out to the pub for meals at the weekend. They also went out on walks, visited shops and took train rides in the near area. One staff member told us, "Everyone has the opportunity to get out and do things." The registered manager explained staff looked for activities taking place so people who used the service could access them. People were emailed with an activities list so they could see what was going on and plan stays accordingly. Activities were also scheduled onto the rota so staffing levels could be considered to enable people to carry out activities. The registered manager said they also used activities as a means to develop and nurture new friendships between people using the service. We were told two people had developed a friendship through opportunities presented by Lancaster and Morecambe short breaks. These people now booked their stays at the same time so they could spend time together. These two people had an enhanced sense of well-being due to the development of the relationship.

Social activities were also organised for people to access even when they were not staying at the home. On the second day of inspection we observed staff members organising a Christmas party. Staff were calling all the people on their database, inviting them to come to the party.

Feedback from people who used the service was consistently sought. We noted a display board was placed on a wall in a communal area which showed what people had requested and what the registered provider had done following the requests. We saw requests to improve the service were taken seriously and actioned where possible. We saw requests for public Wi-Fi and a piano at the home had been met.

People who used the service spoke highly of the service provided and had no complaints at the time of the inspection. One person told us, "I have no concerns at all. I am very happy."

Staff were aware of the organisations policy and procedure and the need to act upon complaints as soon as they arose. Staff were confident they could deal with minor concerns themselves but said more serious comments were referred to the team leader or registered manager.

The registered manager kept a detailed log of all complaints. When a complaint had been raised an investigation was undertaken and any improvements made following the complaint were documented. The registered manager told us they did not have a lot of complaints as they routinely spoke with people and their relatives to ensure they are happy with the service provided. The registered provider ensured each person who used the service was provided with a post-admission telephone call within twenty four hours of leaving the service. This allowed for any concerns to be raised in a timely manner.

In order to promote people's awareness of their right to complain, the registered provider had produced a pictorial compliments and complaints procedure. The procedure was written in easy read with photographs. The administration worker also sent a copy of the complaints procedure out to each person's own home every year. This showed the registered provider was committed to ensuring people were aware of their rights to complain.

We noted a copy of the complaints procedure was displayed in the reception area of the home. This was readily accessible to people who were using the service and to visitors. We were informed by the administration worker there was also an accessible complaints guide and complaints form in each room. Complaints forms were printed on coloured paper to make them more prominent to identify.

Team meetings were used to promote and encourage person centred thinking. The registered manager said this supported the development of a person centred team and contributed to developing a person centred organisation. One staff member said that using person centred thinking tools within team meetings embedded a person centred culture within the organisation. It was evident from observations made during the inspection person centred care was delivered at all times.

Good

Is the service well-led?

Our findings

Relatives we spoke with told us they thought the service was well managed. One relative told us, "It doesn't make a difference who is working, it is always well managed."

Staff employed at the home also spoke positively about the way in which the home was managed and the culture of the home. Staff told us they were not afraid to make suggestions to improve care and felt confident any suggestions made would be listened to and considered. Staff said this contributed to good morale and overall effectiveness of the home.

All staff consistently described teamwork as good and commended the performance of their fellow colleagues. One staff member said, ""I've been here eight years that speaks volumes. The team is brilliant; there is an open culture." Another staff member said, "I have never worked with such a good team ever. There is no blame culture."

The registered manager said they had adopted an open culture within the home, where staff could be open and honest. One staff member told us, "We have a good team, people are critical of their own work." And, "We all learn from each other." This demonstrated staff actively reflected on their practice as a means to improve their own skills and increase the quality of care provision.

The registered manager told us they had an open door policy and people could come forward with any concerns. Staff confirmed this was the case and described the registered manager as "approachable" and "a good leader."

Staff described communication between management and employees as good. The registered provider facilitated communication between staff by scheduling handover times at the beginning and end of each shift. We observed a handover taking place and noted the team leader relayed all relevant information to staff about each person who had arrived to use the service that day.

Staff said team meetings also took place regularly. We looked at documentation which showed team meetings took place on a bi-monthly basis. Staff members told us they found the team meetings helpful, providing opportunities to learn and receive feedback on their performance.

Staff performance was also monitored and managed through staff appraisals The registered manager kept up to date professionally by attending team meetings with other work peer's.

Management presence at the home was delivered between two managers. The two managers worked opposite each other to ensure staff had regular management support. The managers had a specific management handover each day. When no managers were on site, staff were supported by an on call system. Staff were confident management support was available when required.

The provider had systems in place to identify, assess and manage risks to the health, safety and welfare of the people who used the service. Records maintained by the registered manager demonstrated equipment was appropriately maintained and serviced in a timely manner.

The registered manager also had a range of quality assurance systems in place. These included health and safety audits, medication, and staff training and as well as checks on infection control and legionella. External audits by a senior manager had also recently been introduced at the home and there were plans in place for these to be carried out quarterly.

We noted the home was in good order. The registered manager told us they had recently undergone some refurbishment works at the home. They told us it was important the home was aesthetically pleasing for all the people who used the service.

People who used the service and relatives were also encouraged to contribute to the effectiveness of the service by providing annual feedback in regards to service quality. We looked at comments received from the last annual survey, comments included, "Staff are helpful." And, "I like being able to cook."