

Lancashire County Council

West Lancashire Short Break Services

Inspection report

West Lancashire Short Break Services
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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 

Overall summary

West Lancashire Short Breaks Scheme can accommodate up to six people with a learning disability and/or a physical disability on a short term basis at any one time. At the time of our inspection the provider was working with 55 people who were accessing their service. Showers, bathrooms and four of the bedrooms have been designed to meet the needs of people with a physical disability, having specific equipment and

overhead tracking. As well as the main kitchen, lounge, dining area and conservatory, there is a smaller lounge and a sensory room. There is an enclosed garden, with a lawn, paved areas and raised beds.

Summary of findings

This inspection was conducted on 9 January 2015 by an adult social care inspector from the Care Quality Commission. The provider had been given short notice of our planned visit, in accordance with our inspection methodologies for services of this nature and size.

There was a registered manager at the service at the time of our inspection. 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.

We received positive comments from everyone we spoke with. We looked at a wide range of records, including four people's care plans and the personnel records for three members of staff. We observed how staff interacted with people using the service.

Records showed that relevant checks had been made to ensure new staff members were suitable to work with vulnerable people.

People's care was based on an assessment of their needs, with information being gathered from a variety of sources. Evidence was available to demonstrate that people had been involved in making decisions about the way care and support was delivered.

We saw that regular reviews of care were conducted and any changes in people's needs were documented and strategies had been put in place to address any further needs. People's privacy and dignity were consistently respected.

People who used the service were safe. The staff team were well trained and had good support from their management team. They knew how to report any issues of concern about a person's safety and were competent to deliver the care and support needed by those who used the service.

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 safe.

During our visit we saw staffing levels were sufficient to provide a good level of care. People we spoke with confirmed this.

Safeguards were in place to ensure people were not at risk from abuse or discrimination.

People were protected against the risks associated with the unsafe use of medicines.

Good



Is the service effective?

The service was effective.

Staff had access to on-going training to meet the individual and diverse needs of the people they supported.

The service had policies in place in relation to the Mental Capacity Act 2005(MCA) and depriving people's liberty where this was in their best interests. We spoke with staff to check their understanding of MCA. Staff we spoke to demonstrate a good awareness of the relevant code of practice and confirmed they had received training in these areas.

Outstanding



Is the service caring?

The service was caring.

People were supported to express their views and wishes about how their care was delivered

People were respected; their privacy and dignity were consistently promoted by staff that were knowledgeable and compassionate to people's individual needs.

Good



Is the service responsive?

The service was responsive.

People received care that was person centred. A detailed assessment of needs was carried out prior to each person's stay. This formed part of a review process that meant and changes in circumstances were recorded.

People we spoke with told us they knew how to raise issues or if necessary to make a complaint about the service. Staff knew how to support people to raise concerns.

Good



Is the service well-led?

The service was well-led.

There was a good system in place for assessing and monitoring the quality of service provided. This included learning from any issues identified.

Staff spoke with felt supported and spoke highly of their managers. It was evident that staff enjoyed their job.

Good



West Lancashire Short Break Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 January 2015 and was announced. The provider was given 48 hours' notice because the location was a small care home for younger adults who use the service on a short term basis and are often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by the lead inspector for the service.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the

inspection. The PIR 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. We also looked at other information we held about the service, such as notifications informing us about significant events and safeguarding concerns.

We asked people for their views about the overall operation of the agency, such as GP's, district nurses and social workers.

We spoke with five people who received a service from West Lancashire Short Breaks Service, four relatives, three members of staff and the registered manager for the service. Four of the people, one relative and all the staff we spoke with were done so during our inspection visit. Other people were spoken to via telephone conversations.

We looked at a wide variety of records, including four care plans, policies and procedures, medication records, training records, two staff files and quality monitoring systems.

Is the service safe?

Our findings

We spoke with five people who used the service and four relatives. Everyone told us that they felt safe when using the service and that staff were kind and caring towards them. All the comments we received from people were positive, one person told us, "People look after me well here, staff are really good and I see the same staff usually, all the people are lovely." Another person said, "I like coming here, staff are all nice. I get on with all the people here, staff and other people (who stay at the service).", and another person told us, "I feel safe when I'm here. Staff are nice, all of them."

All the relatives we spoke with told us they felt their loved ones were safe whilst staying at the service. One relative we spoke with told us, "Coming to the service has been totally pain free. (Name) does not like change, they really struggle. The staff were brilliant and the transition from children's services was handled very well. Staff from the previous service were allowed to visit and were involved in pre-visits and a detailed handover." Another relative said, "I'm very happy with the service, any new staff are introduced and we can always raise any issues."

When we visited the service we saw that people looked comfortable and at ease in the company of staff. We observed staff talking to people in a patient and respectful manner and it was apparent that staff knew the people they were caring for.

We looked at the systems for medicines management. We saw clear audits were regularly conducted and detailed policies and procedures were in place. Staff we spoke with confirmed that they had read the services medication policy and understood it. We asked staff if they felt they were adequately trained to administer medicines and all three members of staff we spoke with told us they were trained appropriately and felt confident administering medicines to people. We saw evidenced within staff files that medication training was undertaken.

We discussed medicines management with the registered manager. They told us that people brought their own medication into the service which was recorded and signed for. Profiles and assessments were in place for people which identified potential risks and outlined strategies to protect people from any identified risk. The majority of medication was kept locked in the office in either a locked

fridge or locked cabinet. The exception to this during our inspection was one person who had their medication given to them by a specialist team of carers employed by another agency whilst they were staying at the service. Protocols were in place to ensure that both staff employed by the service and the external agency were clear as to who fulfilled specific tasks.

Medicines processes were well organised and the records we looked at were clear and appropriately signed and countersigned as needed. We looked at records for administering controlled drugs. Some prescription medicines are controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines or controlled drugs. The name of each drug was clearly recorded, as were people's names, the amount of each drug given and the date it was given. The majority of the records had two signatures against them, one by the member of staff administering the drug and one by the member of staff witnessing the drug being given. However on four occasions within the previous 12 months only one signature was in place. We discussed this with the registered manager who told us that this was due to that member of staff being the only person within the service at that time as other people were out with the other members of staff. It was agreed going forward that if only one member of staff was available then the reason for one signature would be recorded within the controlled drugs book.

Staffing levels observed during our visit were seen to be adequate to fully meet the needs of the people being supported. We discussed staffing with the registered manager. They talked us through the staffing rota for the next 24 hour period. Staff rotas were set four weeks in advance and were based on matching staff with the people who would be using the service during that period. A 'staff match' process was used which took into account the gender, skills and abilities of each member of staff and whether 1-1 care was needed. People and relatives we spoke to told us that they could request that specific members of staff were on duty during their stay and that this was usually accommodated. They also told us that staffing levels, or the competence and attitude of staff were never an issue. All the staff we spoke with told us that there were enough staff on duty. One member of staff said, "In my opinion if anything we can be overstaffed. Both the people who stay here and staff working here are well looked after."

Is the service safe?

The registered manager told us that no agency staff were used during the previous 12 month period and that the service never had, or intended to use agency staff. If for reasons of staff sickness, or at peak holiday times, additional cover was needed then Lancashire County Council's bank staff were approached. We were told that the same few people would be used who had worked in the service previously so consistency was maintained.

The service had effective recruitment policies and procedures in place which we saw during our inspection. We saw within the three staff files we reviewed that pre-employment checks had been carried out. We found completed application forms, Disclosure and Barring (DBS) clearances, references and identification checks were in place. Staff we spoke with confirmed that they had attended a formal interview and did not begin work until references and appropriate clearances were obtained.

Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns. Staff

members spoken with said they would not hesitate to report any concerns they had about care practices. They told us they would ensure people who used the service were protected from potential harm or abuse. We saw that training was provided in relation to safeguarding, staff spoken to confirmed they had undertaken specific safeguarding training and that it was adequate for their role. We saw policies and procedures in place for safeguarding and that they were up to date and met current legislation.

The environment of the home was clean, modern and spacious. Specialist equipment was in place to assist people and keep them safe, for example track hoists in bedrooms and bathrooms. Entrances to the building were locked so people coming into the service were monitored, this did not prevent people from leaving the building if they wished to do so with the appropriate supervision.



Is the service effective?

Our findings

People we spoke with told us that the staff that provided their service were caring, compassionate and competent in carrying out their role. One person we spoke with told us, “I like my independence and the staff respected this and let me try to do things for myself. The staff were absolutely great. They even took me to have my hair cut as I struggle to get out on my own.” Relatives we spoke with also confirmed these sentiments, one relative told us, “We would be lost without them. The way staff are matched is very good and the fact that (name) has a keyworker has been very positive in terms of making all staff aware of (name) needs”. Another relative told us, “The environment is very good but more importantly the staff are excellent and Charles (registered manager) is very good.”

We contacted a number of associated professionals who commissioned or dealt directly with the service, such as social workers, social work team managers, learning disability nurses and health commissioners. The comments we got back were all extremely positive. Examples were as follows;

“There is a really positive approach from both the Manager and the staff team who are most willing to accommodate people’s needs, and are keen to ensure that stays at the service are good experiences for people, rather than solely to provide respite for their carers, although this is of course a service in itself. Whilst focussing on the needs of the service users, staff do form very positive working relationships with carers, as often it is really hard for carers to initially to allow their relative to receive a service away from their home, and the manager and staff team have usually managed to instil confidence which in turn permits the person to enable the person to receive a service.”

“Compatibility is always borne in mind. The service has refused to take people if they feel this would upset the balance for other people. Communication is very good, they are all very approachable and the information they give us is very good.”

Staff told us that they had received regular supervision sessions and they were able to raise issues within them, including personal development and additional training they felt they needed. We saw that supervision sessions were recorded within staff files and that training needs were discussed. We also saw notes from more informal

meetings held between staff and management. Staff told us that regular staff meetings and handovers took place; again we found evidence of staff meetings and saw clear handover notes between staff shifts. Staff we spoke with told us that they felt able to raise issues at staff meetings and found them useful to attend. Staff also confirmed that they received a comprehensive induction programme and we saw evidence of inductions taking place including ‘staff probationary review records’ which monitored the progress of staff through their six month probationary period.

We looked for evidence of specialist training within staff files and spoke with staff regarding the training they received. We saw that staff had undertaken a wide range of training that catered for the needs of the people using the service. This included training around positive behaviour, dementia awareness, gastronomy and nasogastric (NG) awareness and the Mental Capacity Act (MCA) 2005. When we spoke with staff they told us that training was seen as a priority and that any requests were considered. One member of staff told us, “I asked to go on a ‘sign-a-long’ course to help support people who are non-verbal and I was put on a course with another member of staff”. Another staff member said, “A couple of people (who used the service regularly) were showing signs of early dementia so when I discussed this within supervision I was put forward to go on a dementia course.”

The Care Quality Commission is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the MCA and the associated DoLS, with the registered manager. The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. DoLS are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

We saw there were detailed policies and procedures in place in relation to the MCA, which provided staff with clear, up to date guidance about current legislation and good practice guidelines. We spoke with staff to check their understanding of MCA. All of the staff we spoke with were able to demonstrate a good awareness of the code of practice and confirmed they had received training in these areas.

People told us they were supported to choose their own menus and to buy items and cook them if they were able to. One person told us, “The food is lovely and we get a



Is the service effective?

choice.” Another person said, “You always get a choice of what food you want and can help to make it if you want to. Sometimes we go out to eat or get a takeaway.” Relatives comments regarding food was also positive, one relative told us, “I ask that (name) eats healthily and although I know he does choose foods that aren’t particularly healthy he is encouraged to eat the right things. He eats better there than he does at home so I think the balance is right.” We saw that people who needed assistance to eat or needed a specialist diet were catered for. Information was clearly laid out within care plans for staff to follow.

We discussed consent issues with staff. All were very knowledgeable about how to ensure consent was gained from people before assisting with personal care, assisting with medication and helping with day to day tasks. People who used the service cited no issues when we discussed consent issues with them.

We saw that people’s care plans were written in a clear, concise way and were person centred, meaning that the person being care for was the focus of the plan. People’s healthcare needs whilst using the service were carefully monitored and discussed with the person, or their family or representative, as part of the care planning process. Detailed information was available for staff within peoples care plans to ensure they could deliver care effectively. Examples of this included information about conditions such as epilepsy and guidance for people who had difficulty swallowing or eating a regular diet. There was lots of evidence of links into other services such as occupational therapy, community nurses and local hospitals and GP’s.

Is the service caring?

Our findings

People we spoke with confirmed they were given the opportunity to make a range of decisions about the care and support they received during their stay. One person who was staying at the service when we carried out our inspection told us, “We always get asked what we want to do from what we eat to where we want to go.” Another person said, “I do like this place, it a really nice place to be. You get to meet people and see people you have met before. I get to set my own routine when I am here and am helped to do this.”

Relative comments received with regards to how people were supported to make choices reflected those of the people using the service. One relative told us, “(Name) can’t wait to go. They are always out and get choices over everything they do.” Another relative said, “Oh yes people get a choice, you just can’t fault them in that respect. Communication all round is really good, all the staff are worth their weight in gold.”

Care plans we saw supported this information as did discussions with relatives, staff and other professionals such as social workers and commissioners of the service.

We observed staff treating people with respect and any assistance or interactions with people was done in a kind, patient and caring manner. People were at ease with staff and it was evident that staff knew the people well they were caring for. The atmosphere in the service was very relaxed because of the relationships that had been formed between people and staff providing support.

Information was made available to staff which included areas such as dignity and respect, confidentiality and equality and diversity. Policies were in place to support all

of these areas. We spoke with staff and asked them how they ensured that people’s dignity and respect were maintained at all times. Staff were knowledgeable in this area and talked us through day to day issues such as assisting people with personal care, bathing and eating. One member of staff told us, “We talk through what is happening at all times, we suggest things not tell people how it’s going to happen so they feel in control. All routines are led by the people who stay here. I basically treat people the way I would wish to be treated.” Another staff member told us, “People are put at ease; we have a really good rapport here. We take into consideration issues like gender matching and care plans are really good, they give you all the information you need even if the person is new to the service and you don’t know them as well.”

We looked at care plans for four people. The information was well organised, contained good detail and was easy to follow. One page profiles were in place which included the person’s likes and dislikes and how to best support that person. This meant that staff could quickly see how best to support people staying at the service. Prior to each person arriving at the service care plans were reviewed via a ‘pre-stay phone call’ with the person or their relative or carer to ensure any updates were captured, this included information about medication, allergies and any changes to people’s circumstances since their last stay. Anybody who had not stayed at the service previously ordinarily visited prior to an overnight stay so the relevant information could be captured. All the care plans for people who were due to stay at the service on the day of our inspection were available for staff in the office following a review of the information within them. Staff we spoke with confirmed that they were briefed regarding any changes to people’s needs before they arrived for their stay.

Is the service responsive?

Our findings

People we spoke with and their relatives told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed. One person said, "I can talk to staff about anything." Another person said, "I would speak to (staff name)." Relatives we spoke with spoke highly with regards to the how the staff and management of the service communicated with them. One relative told us, "Communication is good which is vital. They listen to any concerns or queries you have and act upon them." Another relative told us, "I've never complained but I would know who to go to if I needed to. To be honest we would be lost without them, the peace of mind that I can ring up and (name) has somewhere like this to go is a large weight of my shoulders. I would recommend them to anybody."

We saw that the service regularly asked people for their views. The latest survey had taken place in July 2014 and we saw that all the comments received were positive other than a few comments regarding clothes going missing and one comment wanting more staff to be able to 'sign' as their relative could not verbalise their needs. In response to these concerns two members of staff had been placed on a 'sign-a-long' course which meant that three members of staff were now trained. A system was also in place now which meant that clothes bags were personalised. Examples of positive comments from the surveys were as follows;

"Staff are wonderful and kind", "Everything is first class, I can't think of anything that needs improving", "Always happy" and "Doing a grand job, no improvement needed!"

The service had a complaints procedure in place which we were shown a copy of. Staff we spoke with knew the complaints procedure and how to assist people if they needed to raise any concerns. The service had received no formal complaints during the previous 12 month period prior to our inspection. Complaints forms were available in easy read formats and were on display in the reception area of the service for people to use.

The registered manager told us that phone calls were made prior to and following each person's stay, either to the person themselves or their relative or carer. People we spoke to confirmed that this happened.

The service had held an open day in July 2014 so people could visit and during this event they had received a number of positive comments from people and their relatives thinking of using the service and professionals.

As the majority of the people using the service were young adults facilities and equipment were in place to suit the needs of younger people. All rooms had TV's, DVD's and stereo systems in them and there was a computer room for people to use. A games room was also in place that contained two games consoles, table football, a TV and DVD player with a selection of DVD's for people to view. People we spoke with told us that they also watched DVD's in their own rooms if they wanted some quiet time. In addition to this there was a main lounge and large conservatory for people to use as well as sensory room and sensory bath. There was also a large accessible enclosed garden to the rear of the property which had been developed to include planters so people could grow plants and vegetables.

We spoke with people and their relatives with regard to activities both inside and outside of the service. People told us that there was always lots to do and that they were involved in deciding what activities to undertake. During time spent observing people and staff we heard discussions taking place regarding what people wanted to do during their stay and what they would like to eat. We were given plenty of examples by people of the types of activities they enjoyed whilst staying at the service, including trips to eat out, bowling, trips to the cinema and even a trip out to see American wrestling.

We saw that care plans were regularly reviewed and contained information pertinent to each individual. For example anybody who needed specific monitoring for issues such as continence or seizures had this in place. People with specific medication needs had plans and processes in place for when they were outside of the service, for example on a day trip. Hospital support plans were in place which were RAG (Red, Amber, Green) rated to indicate how their needs should be prioritised when in a clinical setting. Detailed daily records and summary sheets were written and copies of these were sent home with the person so relatives and carers were aware of what had happened during the person's stay at the service.

Staffing was organised around the needs of the people staying within the service. This meant that if anybody needed assistance with specialist equipment this was

Is the service responsive?

catered for. Discussions were held with people and their relatives and carers prior to their stay to ensure that staff matching was appropriate so that activities and aspirations of each person could be met.

Is the service well-led?

Our findings

All of the people we spoke with and their relatives or carers talked positively about the service they or their loved ones received. This included speaking positively about the management of the service and the communication within the service. One relative we spoke with told us, "I really can't speak highly enough of the team." Another relative said, "I have no issues with them (management and staff) and as far as I'm concerned I can't fault them. Communication is excellent. I would have no hesitation recommending the service to anyone." One person staying with the service said, "Everyone here is so nice, I love coming here."

We also received positive comments from professionals who commissioned the service. One person told us, "The manager and staff team are keen to learn about how to improve the service and have asked me about, and other team members about, ways in which they can improve, so they are really open to making any positive changes." Another professional told us, "The service is one of the best I have seen, the people in this area who utilise it would be lost without them."

We spoke to three members of staff during the inspection. All of them spoke very positively about how they and the service were managed. They told us that they were supported well to undertake their role effectively in the way of training, supervision and regular meetings. Each member of staff was also appraised annually in order to measure their performance. It was evident that staff enjoyed their work, one member of staff said, "I love it to bits", another told us, "I love it, it's not a job to me because I enjoy it so much."

The service had recently won two awards from Lancashire County Council via their PRIDE award which recognises excellence from all the services commissioned both from within the Council and from external providers. One of the care team had won 'best newcomer' and the service had received the runners up award for 'best service'.

A wide range of quality audits and risk assessments had been regularly conducted by the registered manager. For example, medication was audited daily and when people came into the service and when they left. Fridge temperature checks were also taken daily for the medication that needed to be stored at a low temperature. Staff received annual competency checks regarding medication. Other audits included cleaning and infection control, surveys to people, families and associated professionals and maintenance checks throughout the building. We saw a positive recent report from Lancashire Fire and Rescue and the service had received the top rating of five stars from the Food Standards Agency.

Accident and incidents were monitored and records kept to ensure that any trends could be addressed. This would then inform individuals care plans or risk assessments or risk management plans for the service. There was evidence in place to show that the service learnt from any adverse events.

We saw a wide range of up to date policies and procedures for the service and its staff. Staff told us that they were familiar with them and had access to them at all times. Examples of policies included a supervision policy, one for Whistleblowing and equal opportunities.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.