

Blackpool Borough Council

Coopers Way Respite Service

Inspection report

Coopers Way
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection visit took place on 14 March 2016 and was announced. The registered provider was given 48 hours notice because the location was a small care home for adults who are often out during the day; we needed to be sure someone would be in.

At the last inspection on 08 April 2014 the service was meeting the requirements of the regulations that were inspected at that time.

Coopers Way respite service is a purpose built home situated in a residential area and within reach of local amenities and shops. It is a detached two storey property, providing accommodation for five people who require nursing or personal care. The service provides respite care (short stay). The period of stay depends on the needs of the individual person and their relatives. At the time of our inspection visit there were 45 people who used the service for respite care. Two people were admitted to the service for their short stay break during the inspection.

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

People who used this service had complex needs and were not able to tell us about their experiences. To assist us to gain an overview of the service we spoke with family members of eight people by telephone. We also observed the admission of two people into the home late afternoon. We saw staff communicated with the two people by their preferred method and displayed a warm and caring attitude. Both people appeared comfortable in their surroundings and quickly made themselves at home.

We received positive feedback from family members who told us their relatives were well supported, safe and treated with dignity and respect when they stayed at the home. One person said, "They provide a brilliant service, we couldn't survive without them. I find the staff polite and accommodating."

We found the registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

We found recruitment procedures were safe with appropriate checks undertaken before new staff members commenced their employment. Staff spoken with and records seen confirmed a structured induction training and development programme was in place.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

People who used the service had a care and support plan created with their involvement or a family member. The care plan documented all aspects of the persons needs including how they wanted their care and support to be provided, their wants, needs, likes and dislikes. This enabled the service to provide a personalised approach to the care and support they provided. We found care plans were informative about the care people received. They had been kept under review and updated when necessary to reflect people's changing needs.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

We found sufficient staffing levels were in place to provide the support people required. Staff spoken with said staffing levels enabled them to support people and meet their needs as identified in their care plan. We saw the duty rota was on display in pictorial form in the hallway. This enabled people who used the service to identify which staff would be supporting them during their stay.

The environment was maintained, clean and hygienic when we visited. No offensive odours were observed by the inspector. Hand sanitiser dispensers were prominently placed around the home for the use of staff involved in the delivery of personal care.

Specialised equipment including ceiling track hoists were in place. These enabled staff to safely lift and transfer people with complex physical disabilities. Staff spoken with confirmed they had received training to enable them to use the hoists safely.

We found equipment used by staff to support people had been maintained and serviced to ensure they were safe for use.

We observed staff assisting one person to choose what to eat for their evening meal. This was done by showing the person pictures of the choices available. The person appeared pleased with their choice of meal.

We found people had access to healthcare professionals during their stays and their healthcare needs were met. One family member we spoke with said, "They are very prompt at getting medical attention for [relative] if this is required. We are always updated straight away if there has been a problem."

We found medication procedures in place at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept and appropriate arrangements for storing were in place.

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.

The service had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who used the service. The deployment of staff was well managed providing people with support to meet their needs. Recruitment procedures the service had in place were safe.

Assessments were undertaken of risks to people who stayed at the service and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered provider was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had knowledge of the process to follow.

Is the service caring?

Good ●

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to the people in their care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People participated in a range of activities which kept them entertained.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

The relatives of people told us they knew their comments and complaints would be listened to and acted on.

Is the service well-led?

Good ●

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people received.

The registered provider had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who used the service. Quality assurance was checked upon and action was taken to make improvements, where applicable.

Coopers Way Respite Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 visit took place on 14 March 2016 and was announced. The registered provider was given 48 hours notice because the location was a small care home providing respite care for adults who are often out during the day; we needed to be sure someone would be in.

The inspection team consisted of an adult social care inspector.

Before our inspection on 14 March 2016 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who used the service had been received.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

We spoke with a range of people about the service. They included a representative of the registered provider, registered manager, senior carer, four members of staff. We also spoke with the relatives of eight people who used the service and the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.

We looked at the care records of two people, recruitment records of one recently employed staff member, the duty rota, training matrix and arrangements for meal planning. We also looked at records relating to the management of the home and the medication records of one person. We undertook a tour of the building to ensure it was clean, hygienic and a safe place for people to stay.

Is the service safe?

Our findings

We spoke with the family members of eight people who used the service. They told us their relatives were well supported, safe and treated with dignity and respect when they stayed at the home. One person said, "They provide a brilliant service, we couldn't survive without them. I find the staff polite and accommodating." Another person said, "[Relative] loves staying at Coopers Way, they get on really well with the staff. We would know if they were unhappy."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and her staff had received safeguarding vulnerable adults training. Staff members we spoke with understood what types of abuse and examples of poor care people might experience. They told us they were aware of the whistleblowing procedure the service had in place. They said they wouldn't hesitate to use this if they had any concerns about their colleagues care practice or conduct.

There had been no safeguarding concerns raised with the local authority regarding poor care or abusive practices at Coopers Way. Discussion with the registered manager confirmed she had an understanding of safeguarding procedures. This included when to make a referral to the local authority for a safeguarding investigation. The registered manager was also aware of her responsibility to inform the Care Quality Commission (CQC) about any incidents in a timely manner. This meant that we would receive information about the service when we should do.

We found sufficient staffing levels were in place to provide the support people required. Staff spoken with said staffing levels enabled them to support people and meet their needs as identified in their care plan. For example people who used the service often had complex physical disabilities and had been assessed as requiring two carers with the delivery of their personal care. One staff member said, "We need two staff involved in transferring people on ceiling track hoists. One works the hoist whilst the other staff member reassures the person being supported. It works really well and helps to keep the person calm." We saw the duty rota was on display in pictorial form in the hallway. This enabled people who used the service to identify which staff would be supporting them during their stay.

We looked at the recruitment procedures the registered manager had in place. We found relevant checks had been made before one new staff member commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. These checks were required to identify if people had a criminal record. References had been requested from previous employers to provide satisfactory evidence about their conduct in previous employment. These checks were required to ensure new staff were suitable for the role for which they had been employed.

We looked around the home and found it was clean, tidy and maintained. No offensive odours were observed by the inspector. Hand sanitiser dispensers were prominently placed around the home for the use of staff involved in the delivery of personal care.

Specialised equipment including ceiling track hoists to assist staff with safely lifting and transferring people with complex physical disabilities were in place. Staff spoken with confirmed they had received training to enable them to use the hoists safely.

We found equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical equipment complied with statutory requirements and were safe for use. Equipment including moving and handling equipment (hoist and slings) were safe for use. We observed they were clean and stored appropriately, not blocking corridors or being a trip/fall hazard. The fire alarm and fire doors had been regularly checked to confirm they were working. During a tour of the building we found windows were restricted to ensure the safety of people who stayed at Coopers Way. We checked a sample of water temperatures and found these were delivering water at a safe temperature in line with health and safety guidelines. Call bells were positioned in rooms close to hand so people were able to summon help when they needed to.

The service had procedures in place to record accidents and incidents. When we undertook this inspection visit four accidents had been recorded where people had experienced falls in 2015. Records showed no serious injury had been sustained on these occasions and appropriate medical attention had been sought where required.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and people in their care. The risk assessments provided clear instructions for staff members when delivering their support. We also saw the registered manager had undertaken assessments of the environment. Where potential risks had been identified the action taken by the service had been recorded.

We looked at how medicines were managed within the service. As the service provided respite care it was important that accurate records were kept of medicines people brought with them. We observed the medicines for one person being booked in by a staff member. The medicines were checked on arrival against the accompanying Medicines Administration Record (MAR) sheet. 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 person's MAR sheet was then checked by a second member of staff to ensure no error had been made by their colleague.

Medicines were safely kept stored in each person's bedroom in appropriate locked medication cabinets. Storing medicines safely helps prevent mishandling and misuse. The family members we spoke with told us they were happy their relative's medicines were managed safely.

Is the service effective?

Our findings

We spoke with family members of eight people who used the service at Coopers Way. They told us their relatives received effective care because they were supported by an established and trained staff team. They told us staff who worked for the service took the time to get to know and understand the needs of their relative. We were told communication between the service and family members was very good. One family member said, "Communication between ourselves and the service is very good. We are always informed how [relatives] stay has gone and if there have been any problems."

We found procedures to introduce people to the service were structured and organised. Before people stayed at Coopers Way there was a transition period. This involved a visit to look around the building and accommodation, introductory tea visits and an overnight stay at the respite service. This enabled the staff team and the person to get to know each other building up a relationship of trust and respect. During this process the persons care and support plan was produced detailing their abilities, the support they required and how they would like this delivered. The family members we spoke with said they had been impressed with the professional introduction procedures followed by the service. One family member said, "[Relative] was introduced gradually to the service. They went for tea and then had a sleepover. The staff were wonderful with them and [relative] loves staying there."

We spoke with staff members and looked at individual training records. Records seen confirmed staff training covered safeguarding, moving and handling, fire safety, infection control and health and safety. Staff responsible for administering people's medicines had received medication training and had been assessed as being competent. All staff had achieved or were working towards national care qualifications. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills.

Discussion with staff members and reviewing training records confirmed staff were provided with opportunities to access training to develop their skills. We saw staff had been provided with professional development and specialised training. This enabled them to support people with complex needs. This included supporting people with percutaneous endoscopic gastrostomy (PEG) feeding tubes used for their nutritional needs. Training to support people with epilepsy and oxygen therapy was also provided. This meant people experienced an effective level of care to support their individual and diverse health and social care needs.

The staff we spoke with said this helped them to provide a better service for people they supported. One staff member said, "We do support people who have varying specialised needs. We are never asked to support anyone unless we have been trained and feel competent to provide the care they need."

Discussion with staff and observation of records confirmed they received regular supervision. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance. They said they felt supported by the management team who

encouraged them to discuss their training needs and be open about anything that may be causing them concern.

The service didn't work to a set menu and people were asked daily about meals and choices available to them for the day. The registered manager told us food provisions were purchased based on the known likes and dislikes of people who used the service. People who used the service had their dietary needs recorded on their care plan and we saw staff consulted with this when planning meals. On the day of our inspection visit two people were admitted to the service during the afternoon. We observed staff offered a selection of drinks and snacks when they arrived. We saw staff assisting one person to choose what to eat for their evening meal. This was done by showing the person pictures of the choices available. The person appeared pleased with their choice of meal.

Care records seen confirmed people's dietary needs had been monitored throughout their 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 registered manager 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. We did not see any restrictive practices during our inspection visit.

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs

Is the service caring?

Our findings

The staff team at Coopers Way met with people assessed to use their service and their family members at a very early stage. Initially team members visited the person in their own environment. Gradually the person visited the service until they eventually stayed overnight. The registered manager told us the process is individualised, gradual and with no pre-determined length of time. The registered manager told us her staff team did everything they can in manageable steps. This was to ensure a planned transition was tailored to suit the individual person.

We spoke with family members of eight people who used the service. We received positive feedback about the caring and professional attitude of the staff who work there. One person said, "I cannot praise them enough. The service is exceptional in my opinion and [relative] always looks forward to going. There are never any problems with the service only solutions." Another person said, "Brilliant service, I couldn't survive without them. I completely trust them to provide the best possible care for [relative]."

During the inspection visit we observed the admission of two people into the home late afternoon. We saw staff communicated with the two people by their preferred method and displayed a warm and caring attitude. Communication methods used included using pictures, objects and symbols. These assisted both people to make their own choices. We saw staff interacted positively with both people and talked to them in kind, sensitive and respectful way. We observed both people appeared comfortable in their surroundings and quickly made themselves at home.

Staff we spoke with were knowledgeable about people's individual needs and how they should be met. They said care plans were easy to follow so they always knew what people's needs were. This meant staff knew the people they were caring for and had the knowledge and understanding of the support people required.

We looked at care records of two people. We saw evidence they or a family member had been involved with and were at the centre of developing their care plans. The plans contained information about people's current needs as well as their wishes and preferences. Daily records completed were up to date and well maintained. These described the daily support people received and the activities they had undertaken. The records were informative and enabled us to identify staff supported people with their daily routines. We saw evidence to demonstrate people's care plans were reviewed and updated on a regular basis. This ensured staff had up to date information about people's needs.

The service had policies in place in relation to privacy and dignity. Staff spoken with had an appreciation of people's individual needs around privacy and dignity. We observed they spoke with people in a respectful way, giving people time to understand and reply. We observed staff demonstrated compassion towards people in their care and treated them with respect.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could

access appropriate services outside of the service to act on their behalf if needed.

Before our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority. Links with these external agencies were good and we received some positive feedback from them about the care being provided. They told us they had no current concerns about the service.

Is the service responsive?

Our findings

We spoke with family members of eight people who used the service. They told us their relative received a personalised care service which was responsive to their care needs. They told us the care their relative received was focussed on them. One person said, "They know [relative] really well and they receive the best care and support possible. [Relative] loves staying at the service they get really excited when they know they are going."

We looked at care records of two people to see if their needs had been assessed and consistently met. We found the service had arrangements in place to ensure information they held on each person was up to date and relevant. Both care plans had been developed with each person or family member. We noted they had identified what support people required and how they would like this to be provided. Both care records were informative and enabled us to identify how staff supported people with daily routines and personal care needs. Care plans were flexible, regularly reviewed and amended in recognition of changing needs of the person. Personal care tasks had been recorded along with fluid and nutritional intake where required. People had their weight monitored regularly.

The service used an activity based care method to provide activities for people they supported. This meant activities were planned for each person, wherever possible, in advance of their respite stay. Members of staff would participate in individual activities with people as and when they wished. This was in addition to more structured activities available for everyone at the service. One person admitted on the day of our inspection visit enjoyed participating in board games. We noted a selection of games available in their room ready for them to be able to choose on their admission.

The registered manager told us activities were suggested according to the needs of the people accessing the service. She told us the service made every effort not to isolate or discriminate people because of their disabilities. Community based activities were carefully planned ensuring the correct resources were in place.

The service had a complaints procedure which was made available to people on their admission to Coopers Way. We saw the complaints procedure was also on display in the hallway for the attention of people visiting. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations.

Family members contacted during the inspection visit told us they were aware of the services complaints procedure. They told us they were happy with the service and had no complaints. One family member we spoke with said, "Never had cause to complain about anything. My relative loves staying there and I have no concerns about their care."

At the time of this inspection visit the Care Quality Commission had received no complaints about the service at Coopers Way.

Is the service well-led?

Our findings

Comments received from family members of eight people who stayed at Coopers Way were positive about the service provided for their relative. We were told their relatives were well supported, safe and treated with dignity and respect when they stayed at the home. One person said, "Really well run service, we have complete faith in them."

Staff members spoken with said they were happy with the leadership arrangements in place. They told us they were well supported, had access to training to help develop their skills, had regular team meetings and had their work appraised. One staff member said, "As well as our regular team meetings we also have away days held at the home when we have no bookings. We use these for team building, training and reviewing council and care planning arrangements."

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. They told us they were happy in their work and felt motivated and confident. Lines of accountability were clear. Staff stated they felt the registered manager worked with them and showed leadership. The staff told us they felt the service was well led and they got along well as a staff team and supported each other. We were told the registered manager led by example and was available to staff for guidance and support.

The registered provider had procedures in place to monitor the quality of the service provided. Regular audits had been completed. These included monitoring the environment and equipment, maintenance of the building, infection control, reviewing care plan records, finance and medication procedures. Any issues found on audits were acted upon and any lessons learnt to improve the service going forward.

Staff meetings had been held to discuss the service provided. We looked at minutes of the most recent team meeting and saw topics relevant to the running of the service had been discussed. These included training available to the staff team. We also saw the registered provider had discussed the standards she expected from her staff team for compliance with future CQC inspections. Staff spoken with confirmed they attended staff meetings and were encouraged to share their views about the service provided.

We found the registered provider had sought the views of people who used the service about their care by a variety of methods. These included coffee mornings so people who accessed the service and their family members could voice their opinions and views. We spoke with the family members of two people who had attended the coffee mornings. They told us these were a good forum to discuss the service provided and say what they felt good or bad. One family member said, "The manager is very informative about plans for the service so we are well informed." Another family member said, "The meetings are a good forum for people to get together and talk about the service. They are also a social event where relatives can get together and support each other. I always attend."

The service had a business continuity plan in place which identified how the service would respond to different types of emergencies. We saw any accidents and incidents were thoroughly investigated. Where appropriate, detailed action plans had been put in place to prevent recurrence. This demonstrated that

Coopers Way had an effective system in place to ensure managers and staff learnt from untoward incidents. This meant risks to people were reduced and systems were in place to help the service to continually improve.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met.